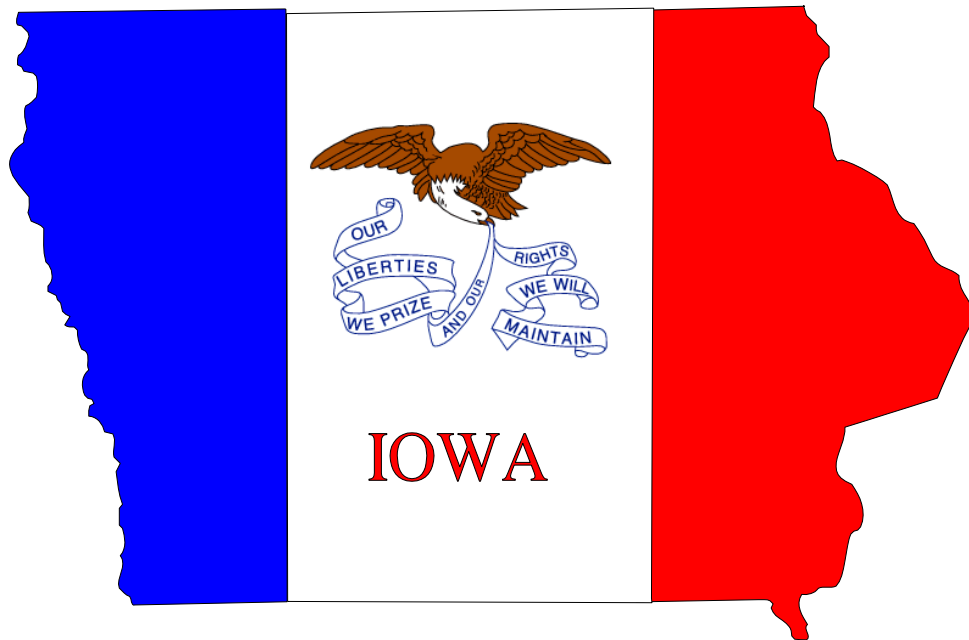


Iowa Methamphetamine Forum

November 16, 2004



FINAL REPORT

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INTRODUCTION

2004 heralded new efforts to curb the ravages of methamphetamine: legislation to curtail the availability of methamphetamine precursors, pseudoephedrine in particular; the development of an additive by Iowa State University that would render anhydrous ammonia unusable in the manufacture of meth; promising treatment strategies for meth-addicted individuals; and collaborative efforts between law enforcement and child protective services to rescue children exposed to meth and the toxic chemicals used in its manufacture.

But despite these ongoing efforts to stem the epidemic, methamphetamine use, manufacture, and trafficking continue to be major issues for Iowa.

The Substance Abuse and Mental Health Services Administration rated Iowa as having the nation's fourth highest rate of meth addiction, and the proportion of Iowa's adult drug treatment clientele listing meth as their primary drug of choice has risen to an all time high of 15.8% (IDPH-FY 2004). The Iowa Division of Narcotics Enforcement reported 1,451 meth lab incidents in 2004, making Iowa 3rd in the nation for meth lab incidents, and 2nd on a per-capita basis (El Paso Intelligence Center). Law enforcement estimates that nearly 80% of all meth in Iowa is imported, but due to the public safety risk, a substantial amount of time and resources have been diverted from drug trafficking enforcement to clan lab response.

Prevent Child Abuse Iowa reports 1,167 confirmed child abuse cases involving the presence of an illegal drug in a child's body in 2003, and while the percentage of these children were exposed to meth is not readily know, the Iowa Department of Human Services, in the past three years (CY's 2002, 2003, and 2004) reports 960 confirmed child abuse cases due to parents manufacturing meth or possessing meth precursors. Children living in homes where meth is being produces are exposed to myriad risks. Children of meth users are often left to fend for themselves, have no food, and live in squalor. They are at risk for physical, emotional or sexual abuse or chronic neglect. The meth cook process creates an unprecedented risk due to the potential for explosion, fire, and toxicity. Children living in homes where meth is being manufactured face health problems due to exposure to toxic fumes and chemicals.

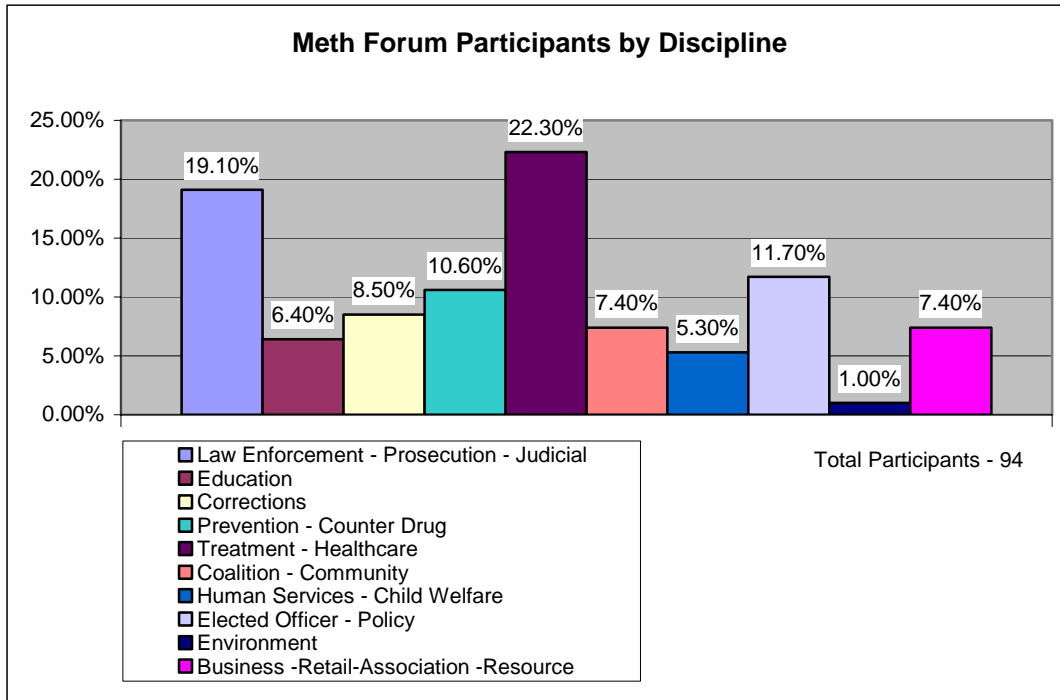
Clearly there is more work to be done.

FORUM ORGANIZATION

Purpose

On November 16, 2004, nearly 100 professionals representing 16 diverse disciplines (Chart #1) gathered in Newton, Iowa to identify and build upon past successes, while developing new and improved strategies for the future. (Also Attachment A)

Chart #1



The Forum focus was on viable approaches that promise to have the largest and/or most expedient impact on reducing Iowa's meth problem. Due to the one-day time limit, and the scope of the meth issue, the Forum did not cover old ground...but instead plans were based on lessons learned.

Priority Areas

To ensure a diverse audience and to keep numbers manageable, attendance was by invitation only. Along with the invitation, invitees were asked to submit, based on their experience and point of view, what they believes to be the top priorities (up to three) – the hot button issues – related to methamphetamine in Iowa. These responses were then organized by similarity, which resulted in five primary priority areas: (listed in random order) Drug Endangered Children and Child Welfare; Treatment, Jail-Based Programming and Reintegration/Habilitation; Precursor Controls, Environmental and Lab Clean-up/Remediation and Property Issues; and Prevention, Education, and Community Awareness. (Attachment B)

These five priority areas became the focus of the day's work.

The Iowa Meth Forum was not the first of its kind. Meth summits and meetings have been held in Iowa and the surrounding area in the recent past. Each summit brought together professionals representing a variety of disciplines to discuss meth issues and make strategy recommendations. Not wanting to "re-do" what had already been done, a synopsis of the three most recent summits was prepared and presented to Forum attendees before they began their discussions. The synopsis highlighted recommendations from those summits that had been or were in process of being initiated, it also outlined recommendations that had not been acted upon. (Attachment C)

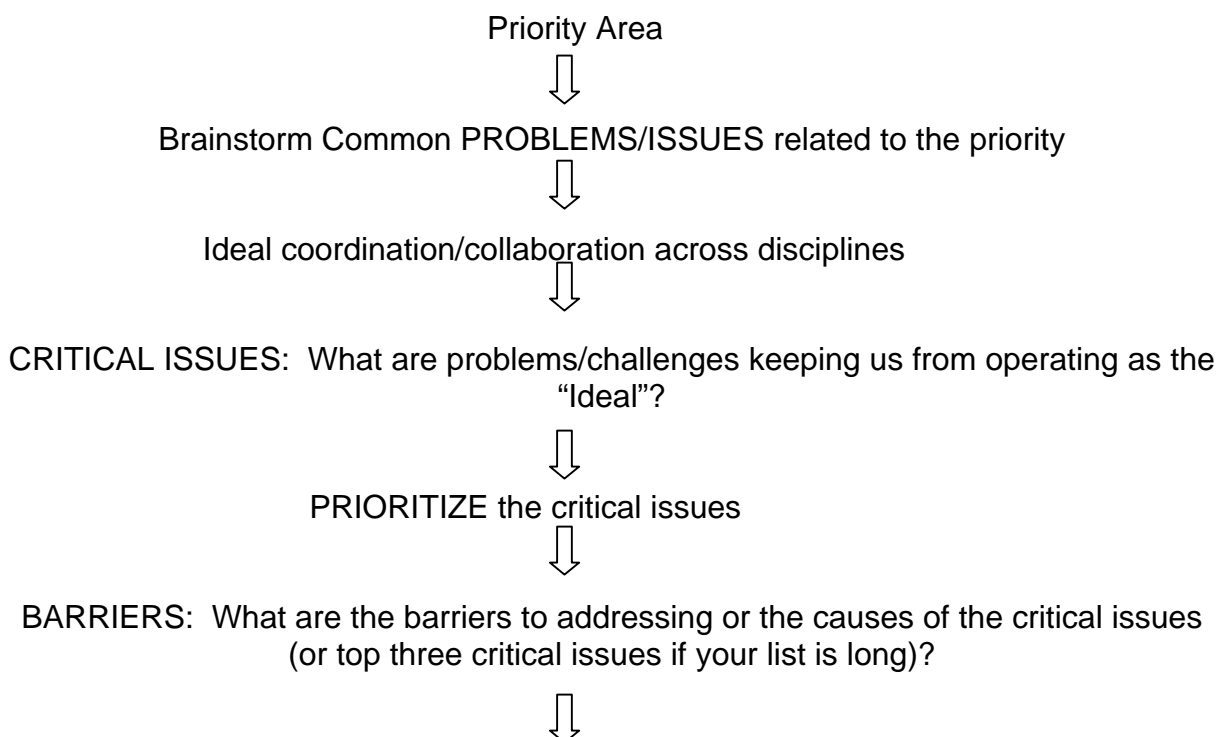
Small Group Discussion

Forum planners did not want to replicate the organization of previous summits. In past summits, discussion and the development of recommendations took place in discipline specific small groups. This limited the depth of conversation and did not allow participants to hear opposing points of view or to see how disciplines might be connected. It also did not allow room for “out of the box” thinking or “have you thought of...” insights that might happen in a more diverse setting. To allow for “out of the box” and innovative thinking, Iowa Meth Forum participants were divided into very diverse small groups, with no more than two individuals from the same discipline in a group. This significantly enriched the discussion and allowed the opportunity for information sharing and education.

Following presentation of the five priority areas, Forum participants moved to 12 small groups. To ensure that all priorities were discussed, each group was assigned a sequence in which to discuss each area. When they finished with one area, they then moved to the next. There were no time limits placed on the length of each discussion, therefore not all groups completed all five identified priority areas. Each group was lead by a facilitator who guided the discussion.

The goal of the discussion was to develop realistic and feasible key actions, given current available resources, to address each of the priority areas. To keep the conversation moving forward, the facilitator’s were asked to use a guided discussion process (see below) designed to go from the broad priority area to key issues within that priority and then to actions to address those key issues.

GUIDED DISCUSSION SEQUENCE



SOLUTIONS: Given the identified causes of the problem, what are feasible and realistic KEY ACTIONS to resolving the problem?



Narrow to KEY "DOABLE" ACTIONS, including suggestions for HOW they can be implemented



Clearly and succinctly write each action



Move to the next Priority and repeat this process

E-Forum

To make the best use of time, and eliminate the need for each group to report on their discussion, Vernon Research Group, a marketing communications firm from Cedar Rapids, was contracted to enter information into an electronic database, called "E-Forum," in "real time." As groups completed a priority discussion they gave their list of actions to Forum staff, who then worked with Vernon Research Group representatives to enter the information into the electronic database. In many cases there were similar actions recommended by more than one group, when this occurred, Forum staff combined the recommendations into one action. Each priority area typically had between 10-20 action recommendations.

The E-Forum concept was introduced to Forum participants at the beginning of the day. Each participant was assigned a hand held keypad with which they would answer a series of questions. Much like a multiple-choice test, all responses were numbered, and the participants would then answer by pushing the button on their keypad that was most appropriate, or most closely corresponded with their opinion on a specific topic. For example, to help participants learn to use the equipment, a series of nonsense questions was asked, the first being "Did you get lost this morning?" Participants could answer "yes" by pressing the number 1 or "no" by pressing number 2 on their keypad. The responses to these questions were displayed via LCD projector so that participants could see how others answered.

They then were asked a series of questions about the discipline they represented, the number of years they had been in their field, the geographical location of their organization, their depth of involvement in meth issues, and their gender. Once they had answered these questions, the responses were then displayed allowing participants to immediately see the make-up of the audience.

The E-Forum was employed at the end of the day to rate identified actions by both impact and feasibility. This provided an immediate overview of the work done during the day and allowed participants to see the top recommendations within each priority area.

Luncheon

Governor Vilsack delivered a luncheon address, citing a number of child deaths and abuse cases related to a parent's use of meth. He thanked Forum participants for their work, and urged them to be decisive in their thinking.

Following the Governor, Tom Hedrick, Director and Founding Member of the Partnership for a Drug-Free (PDFA) America spoke about a Meth and Ecstasy Health Education Program being piloted by PDFA in Phoenix and St. Louis, the overall concept of which was to reframe drug abuse as a preventable youth health issue. According to studies conducted by the PDFA, attitudes drive behavior. The amount of perceived risk people have towards taking a drug directly influences their behavior. The study involved pediatricians and other health professionals in conjunction with local media providing information about meth and ecstasy under the theory that the health message and messenger can strengthen "perceived risk" among teens and strengthen direct parental involvement in educating their kids. The study also theorized that pediatricians giving the message helps focus parental involvement at a younger age and provide a new perspective for media coverage of drug issue. While a small study, the research implicated that the health message and messenger have positive impact on parent's awareness and attitudes, and gave parents new reasons to act and to educate their teens; and that teens overall anti-drug attitudes did improve, as did the likelihood they would turn to their parents for information.

Recommendations

The top recommended actions from each group were consolidated based on similarity and entered into two databases, one for impact and the other for feasibility. As noted in the E-Forum overview, each priority area had between 1-20 recommendations. Using the E-Forum technology the participants were asked to rank the recommendations in each priority area by both impact and feasibility. Impact was defined as the result the action would have and feasibility as the capability of actually implementing the action step. In some cases the recommendations received similar ranking for both impact and feasibility, for others the ranking was very different. The top three recommendations in each priority area – both by impact and feasibility - are discussed further in the Forum Overview.

FORUM OVERVIEW

The request that Forum invitees send a list of their top three priorities brought a multitude of responses. These responses provided insight into the issues that the respondents were dealing with professionally or in their community, as well as a foundation from which to build the Forum.

As previously stated, the responses were grouped by similarity into five categories (listed in no particular order):

- Child Welfare and Drug Endangered Children
- Treatment, Jail-Based Programming and Reintegration/Habilitation
- Precursor Controls

- Environmental and Lab Clean-up/Remediation and Property Issues
 - Prevention, Education, and Community Awareness
- (Attachment B)

In previous meth summits there was a lot of time and focus given to what was lacking, in most cases funding and personnel. While these are both important, they are not always the keys to problem solving. Forum participants were highly encouraged to put aside, or minimize, their focus on these issues, and discuss realistic and feasible actions that could be taken with the current level of resources available; what can be done now with what we have – or how can we use what we have differently to have a greater impact.

The results of the small group discussions were more variety than anticipated, but there were several themes that tended to hold true for each of the five priorities.

Child Welfare and Drug Endangered Children

There was clear consensus among the small groups that more needed to be done to protect children living with meth abusing parents/caregivers or who were being exposed to meth manufacture or precursors in their homes. Overall, Forum participants indicated that a high level of coordination and collaboration by community service providers was needed to most effectively address these issues. They also concurred that more family-based services needed to be provided, including treatment and drug-courts. When rated at the close of the Forum, development of a statewide drug endangered children protocol to encourage collaboration ranked highest for both impact and feasibility. The development of the protocol encompasses:

- DHS, Law Enforcement, Substance Abuse Treatment, Medical, Prosecution to provide comprehensive child assessment, treatment, intervention, prosecution and child protection
- Consistent use of established medical protocol when treating meth exposed children
- Prosecution of meth involved adults will be used as a tool to provide safe removal, medical evaluation, treatment of identified problems, protection, and provision of a healthy environment to children
- Increase DHS resources for children in homes with addiction
- Education about use when pregnant and the effects on babies
- Equate the use of meth with child abuse – change public perception so that people know how serious it is to expose children to meth or its manufacture
- Continued research and work on how best to help drug addicted/affected babies
- Establish a dignified decontamination process, especially for children and teens, that would involve providing clothes and a few basic necessities – and a teddy bear for young children
- Educate counties not currently served by DEC teams about the program and its effectiveness
- Develop family centered treatment programs for DEC involved families
- Protocols regarding assessing developmental issues and working with schools on appropriate follow-up and classroom placement

Implementation of drug courts ranked second for impact, but did not appear in the top three for feasibility. Development of a meth hotline for users and/or their families ranked second for feasibility. The implementation of drug endangered children response teams in every county ranked third in both impact and feasibility. (Charts #2 and #3)

Chart #2

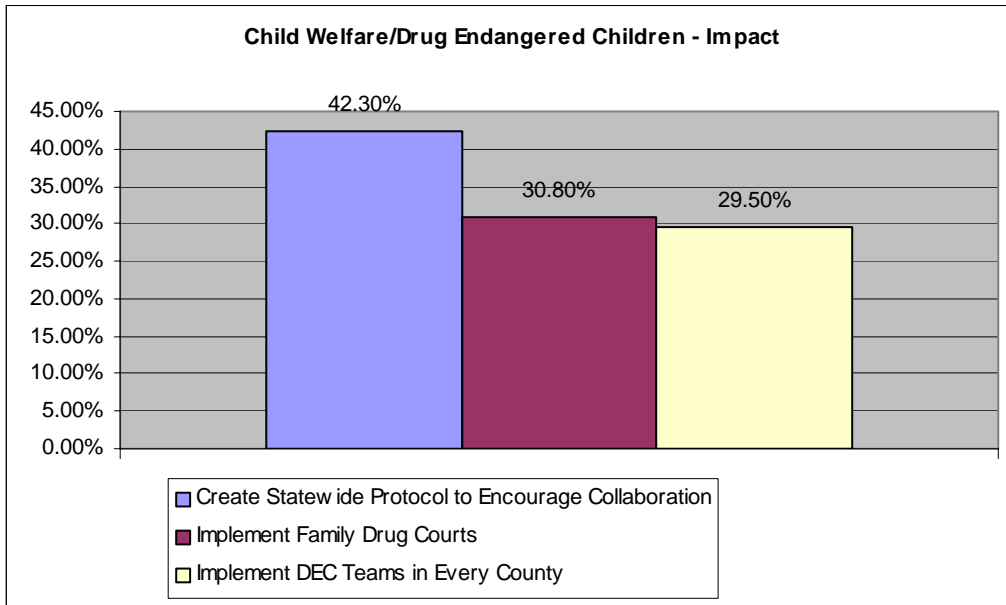
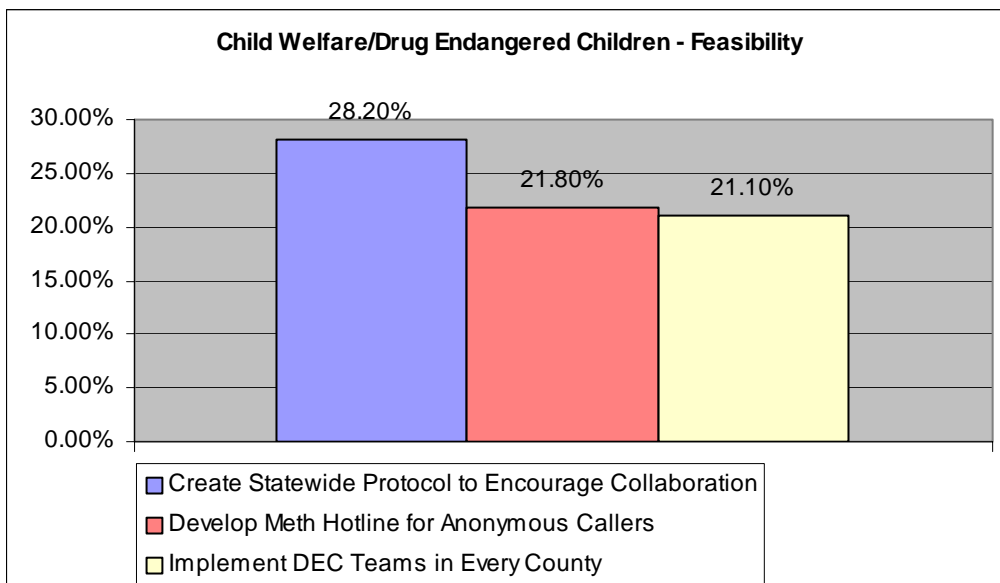


Chart #3



Other key issues included providing support groups for children who are exposed to meth or its related behaviors; a cadre of specially trained foster parents; tracking of children to determine long-term psychological, development; and physical effects a meth-related environment; and training about meth and its effects for health and other relevant professionals.

(Attachment D)

Treatment, Jail-Based Programming and Reintegration/Habilitation

Discussion regarding Treatment, Jail-Based Programming and Reintegration/Habilitation was the most diverse of the five priorities. It was clear from the discussion that one issue of concern is the stigma associated with drug addiction, drug abuse treatment, and incarceration. Many people view drug addicts, meth addicts in particular, very negatively. This stigma makes getting funding for treatment programs more difficult, makes it harder for addicts to reintegrate into mainstream society, and addressing addiction as a health issue harder. The top three key actions in this priority area, for both impact and feasibility, contain strategies, directly or indirectly, to addressing stigma. They also highlight meth addiction as more difficult to treat. The number one key to impact action for this priority is more funding for longer, meth specific treatment. Although Forum participants were urged to minimize discussion about funding, this is one area where funding is crucial. In the past five years there has been no increase in funding for treatment, even though there is strong evidence that methamphetamine addiction requires a much longer and more drug specific treatment regime.

Increased resources and training for treatment professionals ranked second in impact and identification and emulation of successful treatment programs was third. Creating PSA's to educate people about addiction as a health issues ranked number one for feasibility, followed by identification and emulation of successful treatment programs and gathering and disseminating data on the cost effectiveness of treatment. (Charts #4 and #5)

Other issues included removing barriers to information sharing among relevant entities, shared data, fast tracking parents into treatment when their parental rights are in jeopardy, and the importance of re-entry.

(Attachment E)

Chart #4

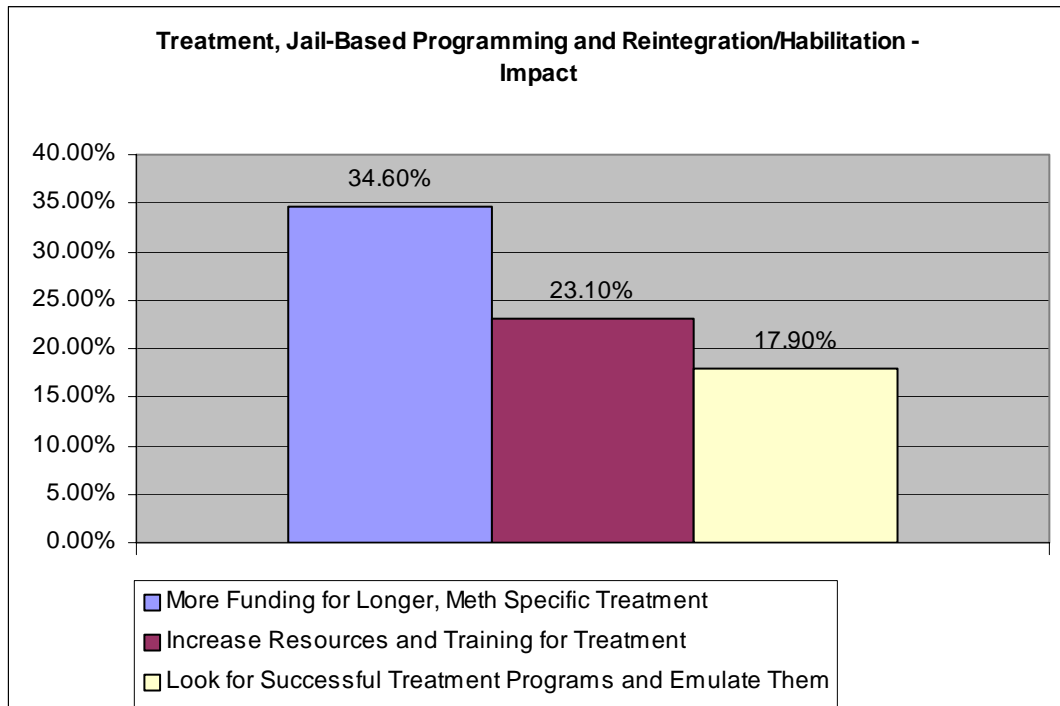
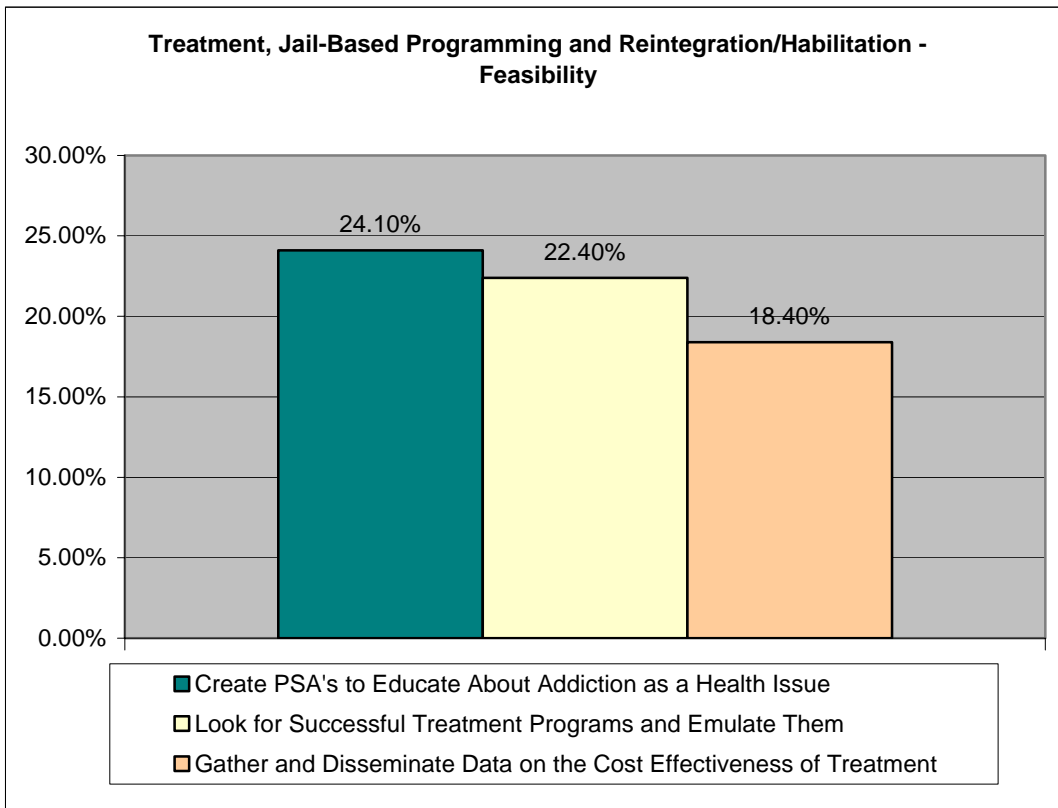


Chart #5



Precursor Controls

In no other priority was the discussion and consensus among the small groups more pronounced than in the Precursor Control area. The top three actions for both impact and feasibility were consistent and rated among the highest of all the actions for any of the priority areas. This consistency clearly illustrates the belief that these actions will make a difference in the production of methamphetamine in Iowa.

Making pseudoephedrine a Schedule V Controlled Substance at both the state and national level, adding Calcium Nitrate to anhydrous ammonia to render it ineffective in the production of meth, and the development of a consistent marketing message in support of Schedule V were the top three recommendations in this priority area. (Charts #6 and #7)

Other recommendations included increased training on meth and precursors to assist citizens to better recognize suspicious behavior, procedures to follow if a lab or dumpsite is discovered, and the expansion of "Meth Watch."

(Attachment F)

Chart #6

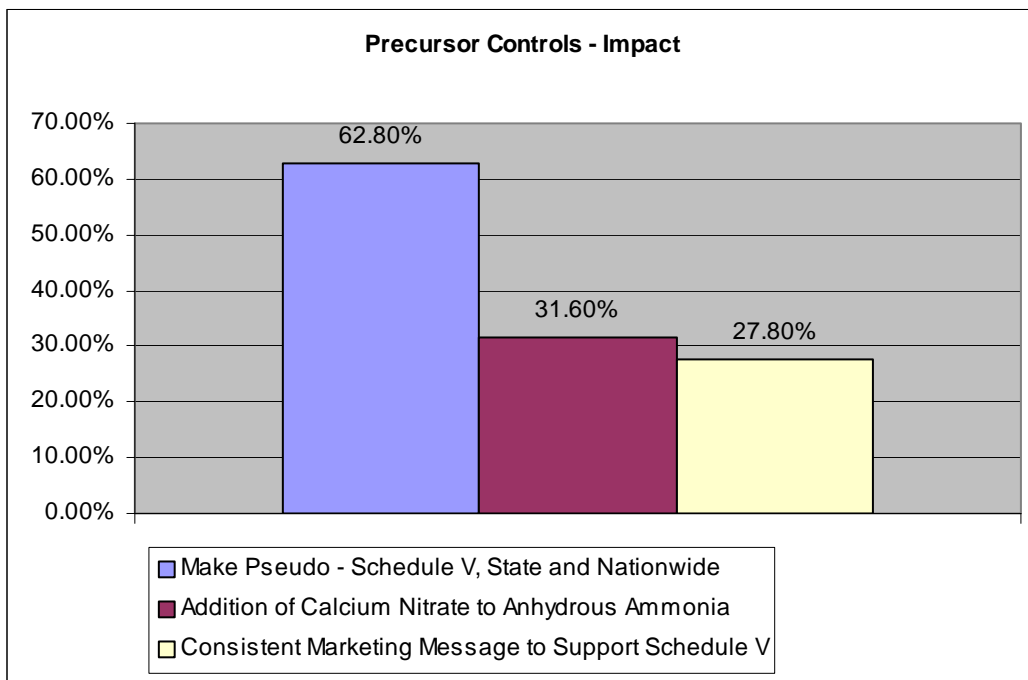
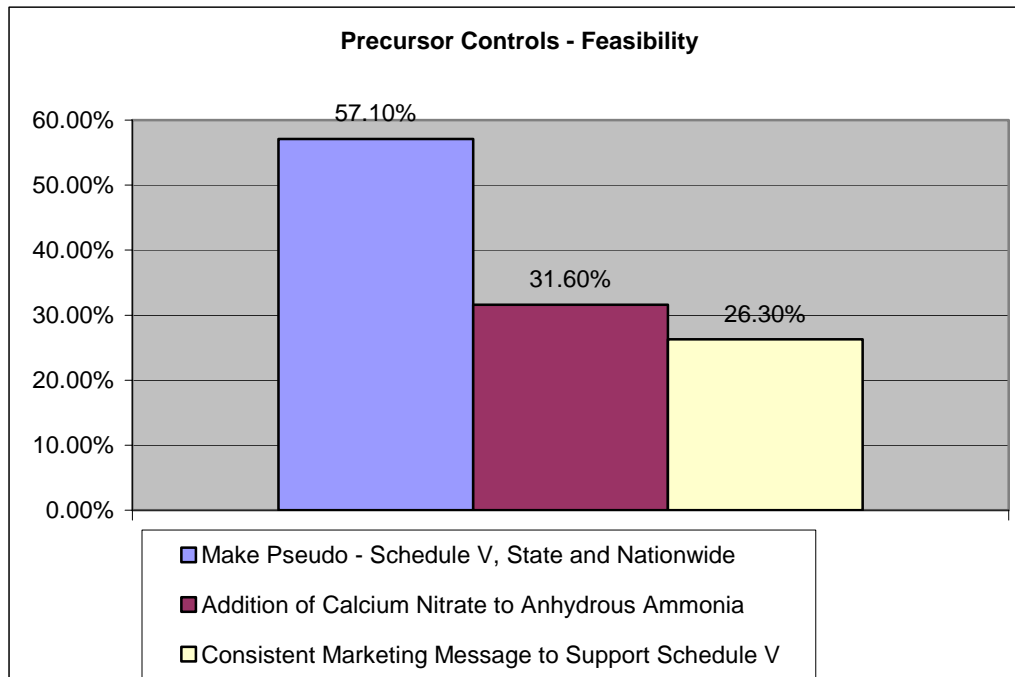


Chart #7



Environmental and Lab Clean-up/Remediation and Property Issues

With number of reported meth labs in Iowa and around the country continuing to escalate there is increased focus and concern on contamination and habitation issues. The National Jewish Medical and Research Center in Denver, CO, conducted controlled meth cook studies followed by an analysis of surface contamination. In each case researcher's found that the chemicals significantly contaminated all surfaces in a dwelling where meth had been cooked. While this research provided evidence of contamination it was not a long-term study on the impact of this contamination on humans, nor did it address how long the contaminants remain after a lab had been dismantled. The study also did not address soil or water contamination.

These results indicate the necessity of further research into long-term contamination, development of standards for habitation, and techniques for properly cleaning a contaminated property. It also begs the question of requiring disclosure of meth lab activity to a potential buyer or lessee of property.

Each of these issues came up in the small group discussion. Development of standards for habitation following lab clean-up ranked number one for both impact and feasibility, and the enactment of a law requiring disclosure of meth lab activity was second in both areas. Support for research to develop techniques for dealing with meth contamination was rated third for impact, and education on how to identify a lab was third for feasibility. (Charts #8 and #9)

Development of standards involved several steps, including:

- Scientifically/Medically identify the risk to human health associated with the manufacture of meth.
- Identify who is responsible for determining the threshold of serious injury related to meth labs.
- Support research that would develop technology to test for meth contamination.
- Establish science-based property remediation procedures and standards that are disseminated to all relevant parties
- Require disclosure of meth activity on property titles or on rental lease agreements. Also require disclosure by motels/hotels if there has been meth activity on the property
- Establish uniform notification procedures
- Educate interveners and enforcers about the standards
- Develop a training program for land/property owners regarding meth manufacture and associated risks, how to report suspicious behavior, rental screening protocol, etc.

(Attachment G)

Chart #8

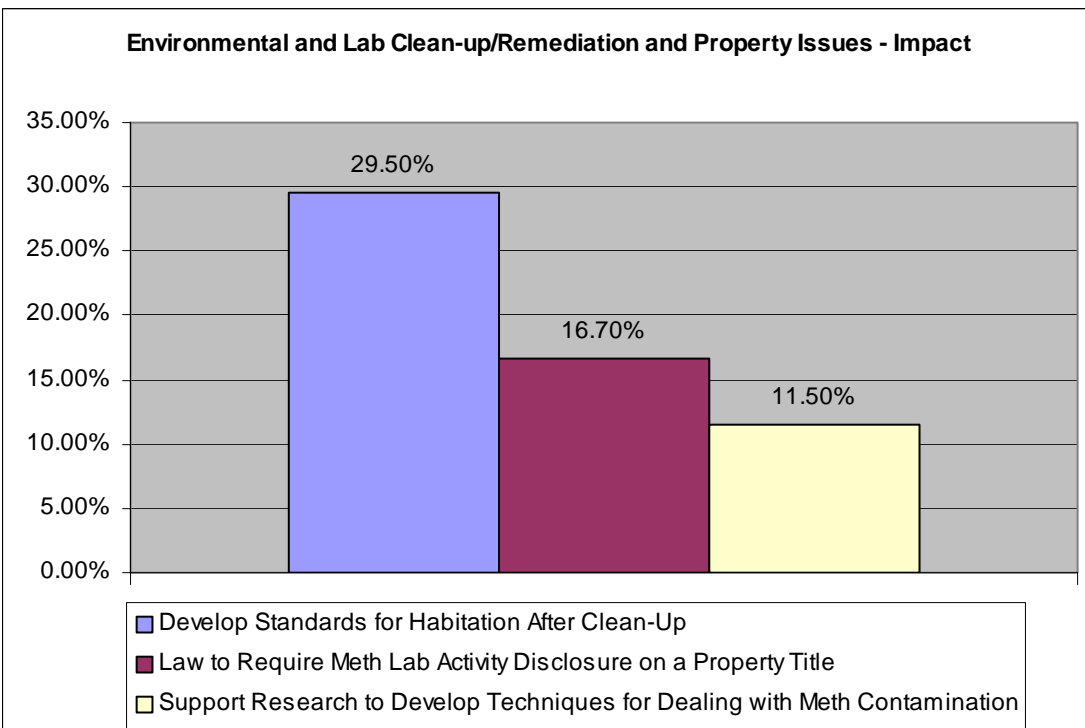
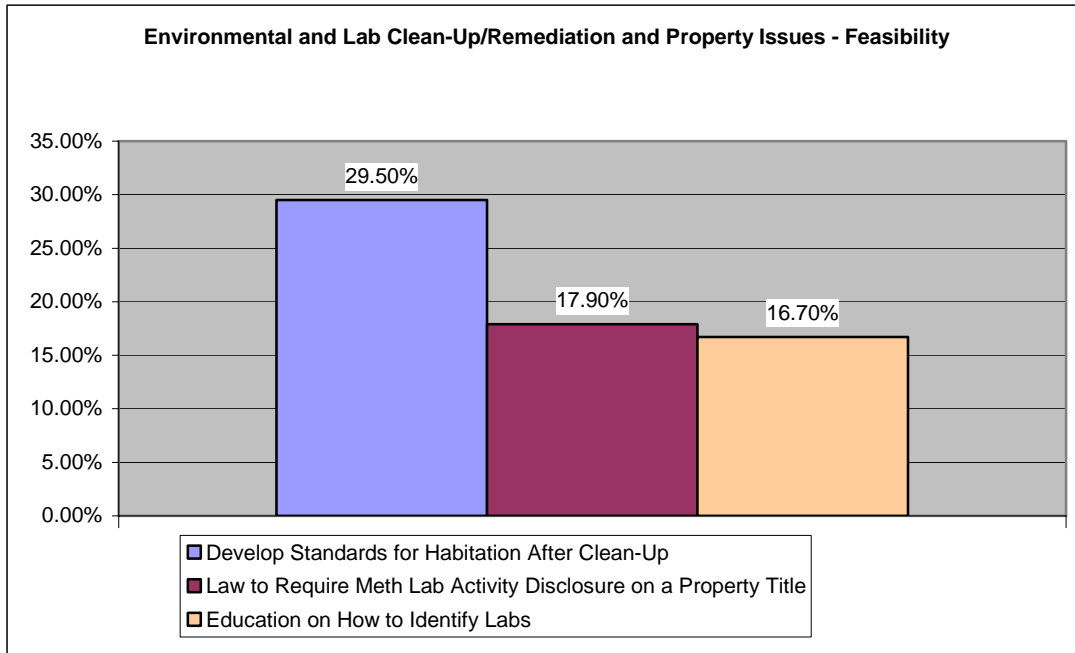


Chart #9



Prevention, Education, and Community Awareness

This priority had the widest range of responses, including issues that also fit other priority areas.

It is recognized that prevention, while very cost effective, is difficult to measure. How does one measure the prevention of something that hasn't happened? In recent years prevention has moved from being a variety of "touchy feely" activities designed to raise self-esteem to a field with strong research-based strategies and programs. However, despite the advances that have been made, there is very little research-based material related specifically to methamphetamine. There is also very little funding for prevention, which means that resources have to be used very carefully and efficiently.

A primary theme for this priority was better use of the media to get information to the public about methamphetamine. In fact, the media was the focus of the number one and number three-ranked action for both impact and feasibility. Implement a media campaign and PSA's on the effects of meth was number one and utilize existing programs and the media in prevention programming was number three. Number two for impact was early intervention and education on all drugs of abuse, this also tied for number three in feasibility. The establishment of public /private partnerships to promote prevention was rated second for feasibility. (Charts #10 and #11)

Other issues included clearly defining prevention and using consistent prevention language and frameworks, building community coalitions to address meth issues, and Assess community needs and develop/utilize focused prevention and/or treatment programs to meet the needs of the identified target audiences.

(Attachment H)

Chart #10

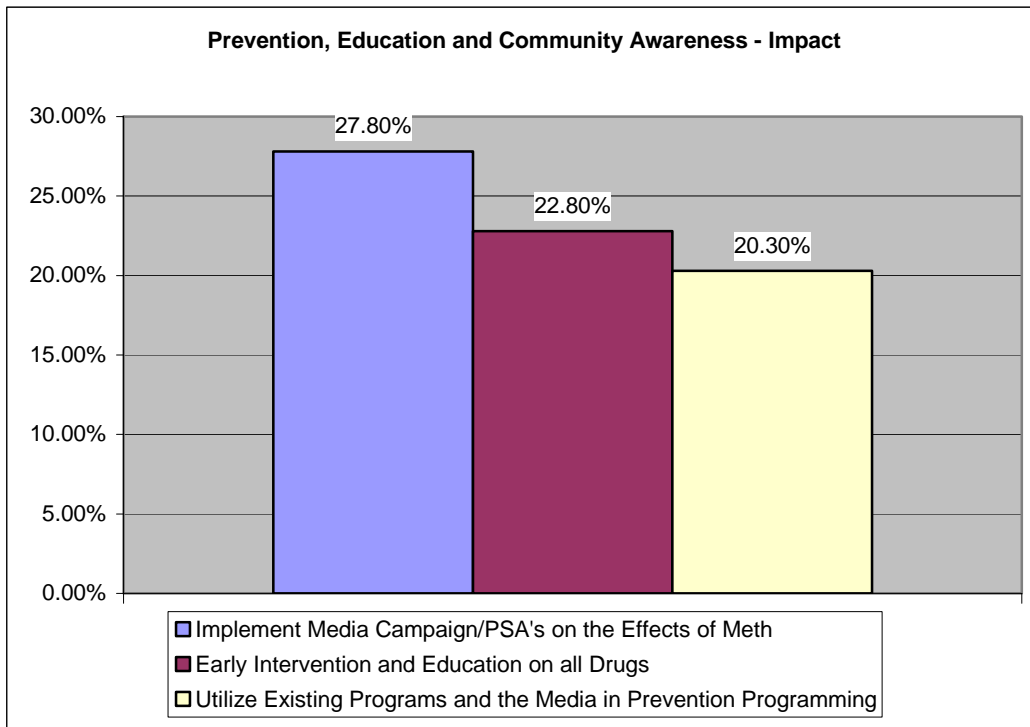
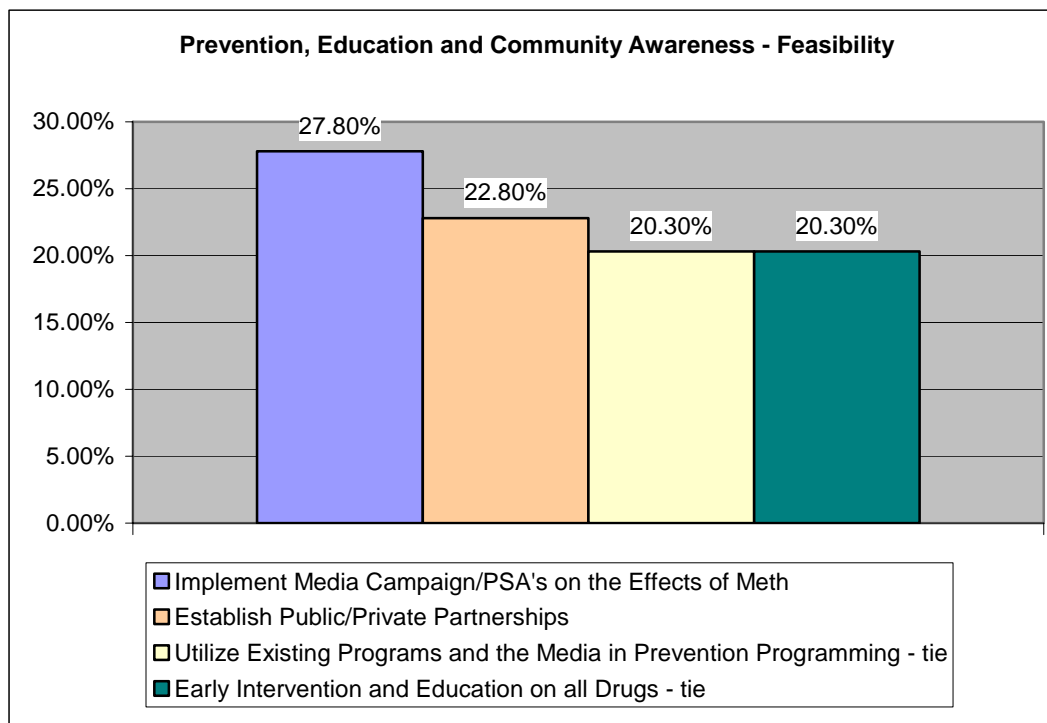


Chart #11



CONCLUSION

Collaboration, education, research, use of data, and legislation were themes throughout the small group discussions and in the final recommendations.

The rating of recommendations by both impact and feasibility in each priority area provides insight into what Forum participants believed were the most important, and/or the most doable actions. The top three recommendations in each priority area provide a starting place, but are by no means the only steps that can be taken. Appendices D-H provide a summary of discussion about each priority area and include additional action recommendations.

Top recommendations by priority area include:

Child Welfare/Drug Endangered Children

Impact

1. Create a statewide protocol to encourage collaboration by community service providers
2. Implementation of family drug courts
3. Implementation of DEC teams in every county

Feasibility

1. Create a statewide protocol to encourage collaboration by community service providers
2. Develop a meth hotline for anonymous callers
3. Implementation of DEC teams in every county

Treatment, Jail-Based Programming and Reintegration/Habilitation

Impact

1. More funding for longer, meth specific treatment
2. Increased resources and training for treatment professionals
3. Identification and emulation of successful treatment programs

Feasibility

1. Create PSA's to educate people about addiction as a health issue
2. Identification and emulation of successful treatment programs
3. Gather and disseminate data on the cost effectiveness of treatment

Precursor Controls

Impact

1. Make pseudoephedrine a Schedule V Controlled Substance at both the state and national level
2. Adding Calcium Nitrate to anhydrous ammonia
3. Developing a consistent marketing message in support of Schedule V

Feasibility

1. Make pseudoephedrine a Schedule V Controlled Substance at both the state and national level
2. Adding Calcium Nitrate to anhydrous ammonia
3. Developing a consistent marketing message in support of Schedule V

Environmental and Lab Clean-up/Remediation and Property Issues

Impact

1. Development of standards for habitation following lab clean-up
2. Enactment of a law requiring meth lab activity disclosure on a property title
3. Support for research to develop techniques for dealing with meth lab contamination

Feasibility

1. Development of standards for habitation following lab clean-up
2. Enactment of a law requiring meth lab activity disclosure on a property title
3. Education on how to identify a meth lab

Prevention, Education and Community Awareness

Impact

1. Implementation of a media campaign/PSA's on the effects of meth
2. Early intervention and education about all drugs
3. Utilization of existing programs and the media in prevention programming

Feasibility

1. Implementation of a media campaign/PSA's on the effects of meth
2. Establish public/private partnerships to promote prevention
3. Utilization of existing programs and the media in prevention programming - tie
4. Early intervention and education about all drugs - tie

While some of the recommendations made require additional staff or funding, many are doable with current resources.

This by no means implies that initiating action will be easy. Many of the recommendations take time, energy, and perhaps some risk. They require letting go of turf issues, collaborating in ways that haven't been done before or with agencies with which one has never worked, and, in some cases, utilizing funding or staff time differently.

The meth problem does not exist in a vacuum, and no single strategy, agency, or individual can solve it. It takes the collective energy of professionals and citizens working side-by-side to make a difference.

The recommendations highlighted here can be implemented at both the state and/or local level. Next steps for each Forum participant are to share the recommendations with colleagues and community members, identify which are most doable and appropriate within their community or discipline and develop an action plan for implementation.

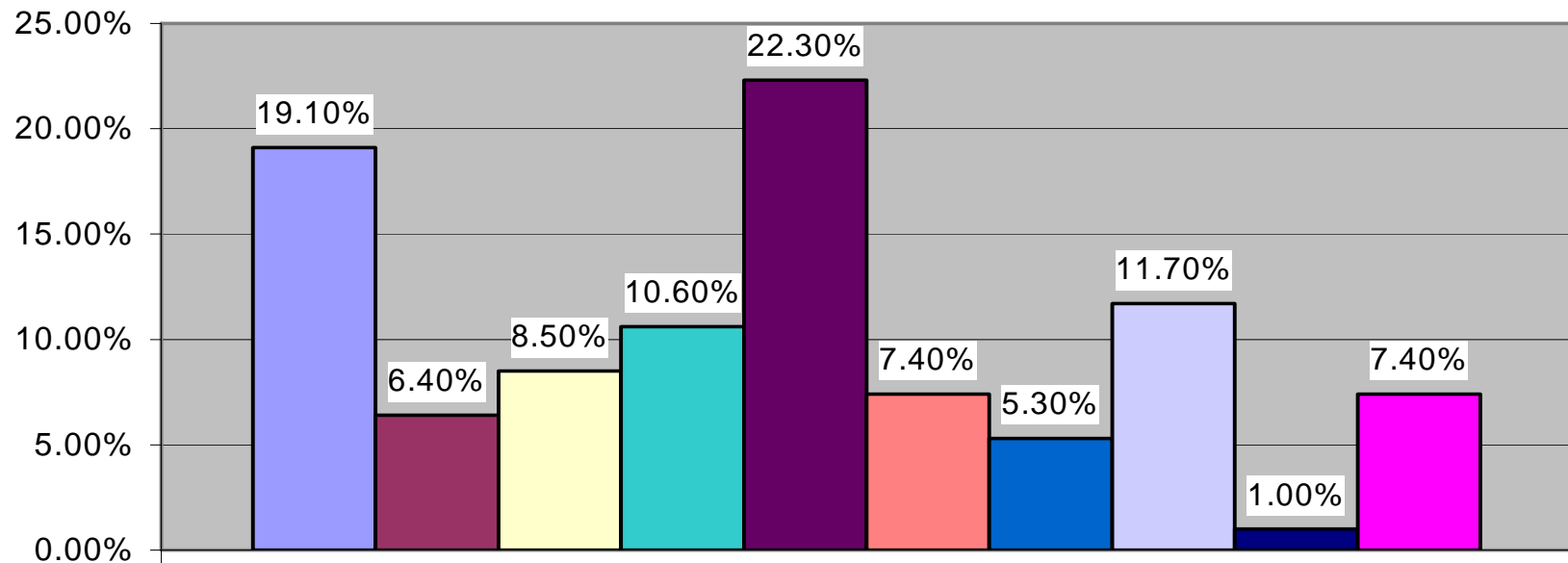
While certainly not all-inclusive, the recommendations provide a road map for future work and accomplishment.

At the close of the day, Tom Hedrick commented that he was very impressed by the commitment of Forum participants to the guided discussion process and ability to make recommendations despite their varied backgrounds, knowledge, and opinions. This observation speaks to the capability of Iowans to put aside their differences, listen to one another, and work towards solutions.

This far less visible outcome - the recognition of how meth has impacted our state in so many ways and the interconnectivity between all of us - is invaluable. Perhaps this is the most important outcome of the Forum for it begins to break down barriers to working together and starts the process of collaborating for a common cause.

Attachment A

Meth Forum Participants by Discipline



- Law Enforcement - Prosecution - Judicial
- Education
- Corrections
- Prevention - Counter Drug
- Treatment - Healthcare
- Coalition - Community
- Human Services - Child Welfare
- Elected Officer - Policy
- Environment
- Business -Retail-Association -Resource

Attachment B

Methamphetamine Priority Areas – Bullet Points as Submitted by Forum Invitees

Child Welfare/Drug Endangered Children

- Discerning the effects of being born meth addicted on children and identifying what treatment will reduce those effects.
- Meth users suffer from a "stigma" far harsher than those who use other substances. Therefore, they are discriminated against because there is the message out there that they "will never get off meth." The DHS worker who is working with the children of meth addicts is more likely to remove kids from that home following a parent's relapse than they are to remove kids from the home of an alcoholic who relapses. The child welfare system is very hard on the meth users - a meth user can be doing everything right - often for the first time in their life - and the system remains doubtful and mistrusting of them for a longer period of time than those who use other substances.
- Difficulty getting jobs with competitive wages with a criminal record, particularly a felony.
- Healthcare options, such as dentistry, to remove the noticeable signs of prolonged use for those making and committed to lifestyle change.
- Health effects on children living in homes with meth labs.
- Drug Endangered Children – creating protocol that will ensure the safety and dignity of children and also address their welfare in the long run.
- Children in meth labs or families. Develop removal standards w/o further traumatizing kids.
- Pregnant women using meth.
- Children impacted by meth.
- Development of a consistent protocol for medical follow-up of DEC.
- Treatment issues for women as well as the impact upon the children.
- Meth users suffer from a "stigma" far harsher than those who use other substances. Therefore, they are discriminated against because there is the message out there that they "will never get off meth." The DHS worker who is working with the children of meth addicts is more likely to remove kids from that home following a parent's relapse than they are to remove kids from the home of an alcoholic who relapses. The child welfare system is very hard on the meth users - a meth user can be doing everything right - often for the first time in their life - and the system remains doubtful and mistrusting of them for a longer period of time than those who use other substances.
- Professional/public awareness. Campaign regarding dangers to young children from environmental toxins.
- Protecting children who live in homes where meth is produced or parents are heavy users.
- Treatment of children who have been exposed.
- Meth is destroying families. Kids being removed from the home into foster care or relative care due to parental drug use.
- Statewide DEC procedures to follow.
- Mandatory drug testing of children found in immediate proximity of drugs, i.e., cars, apartments, campers, homes.
- Federal offense for possession of meth in vicinity of children.
- Repeat domestic offenders where drugs and alcohol are involved: Registered & Public Knowledge
- Immediate family members right to know test results.

Treatment, Jail-based Programming and Reintegration/Habilitation

- Strengthening/designing/funding treatment programs.
- Community involvement with individuals who are “at-risk” or who are in treatment.
- People in treatment are very worried about gaining employment after they are discharged. Meth users/manufacturers have gotten accustomed to having money - they have actually gotten addicted to the money they have "made" from manufacturing/selling. Job training and educational opportunities seem lacking for this population.
- Longer-term community-based treatment with extended aftercare.
- Identifying meth-specific treatment approaches.
- Developing and expanding treatment programs that address parenting issues, as well as drug abuse.
- Dealing with treatment and ending the problem, but doing at a root level cause – what drives the addictive cycle and how can we intervene.
- Better treatment (treatment created to meet the specific needs of a methamphetamine addict).
- Treatment for chemically dependent parents.
- Inpatient beds.
- Shorter waiting lists at treatment programs.
- Long-term treatment.
- Treatment! Treatment programs available do not address the timeline for meth. They are not meth specific and treatment, as it is now, is not working.
- Obtaining treatment.
- Is there a treatment strategy that is successful?
- Lack of data on long-term impact on meth users – what are the prospects for rehabilitation for users?
- Data collection (coordination regarding DEC) – it is imperative that we develop a centralized data collection base similar to one for child abuse – for children found in meth labs.
- Development of a consistent protocol for medical follow-up of DEC.
- Professional/public awareness. Campaign regarding dangers to young children from environmental toxins.
- Strong/addictive nature of this drug, long-term effects and the increased relapse potential associated with it.
- Prevention, treatment and aftercare effectiveness.
- Treatment – evidence based practices that work best with this population.
- Treatment issues for women as well as the impact upon the children.
- Finding half way house placements after residential.
- Funding residential treatment (redundant, I know).
- Transportation to and from treatment (rural areas).
- Meth users require a different type of treatment than individuals who suffer from other addictions. The longer the length of stay, the more likely that the meth user will abstain from using in the future.
- Methamphetamine specific drug court, which could address those issues identified as highest risk for recidivism.
- Support – family/social/economic.

-
- Working with employers re: supporting treatment vs. firing (so they can just go get a new job!).
 - Treatment programs need to be developed to address the specific needs of meth users, including family reunification, employment, triggers and relapse dynamics. Also medication to block the effects of the methamphetamine.
 - Aftercare programs specific for meth users coming out of a correctional setting to readjust to society.
 - A California study showed that for every dollar spent on treatment save 7 to 10 dollars on the corrections end. More treatment programs, not less.
 - Broaden access to treatment – e.g. in jails, etc.
 - Measuring treatment success
 - Jail diversion programs/drug courts.
 - Recognize the need for specialized and more extensive meth treatment programs.
 - Stopping the myth that treatment does not work on meth abusers.
 - Relapse prevention.
 - Transitional and safe housing for recovering populations.
 - Post recovery work skills development.
 - Treatment of those who use meth.
 - Effective treatment strategies – research based.
 - Treatment should be available on demand by those voluntarily seeking help and required for those incarcerated with meth as a primary or secondary drug of choice. Treatment should be funded for periods of time indicated by best practices.
 - Tailor existing available treatment resources to more effectively target the unique characteristics of meth addiction.
 - Expand use of creative solutions to the meth problem, i.e., expand innovative programs such as Moms Off Meth (MOM).

Precursor Controls

- Removal of pseudo from store shelves.
- How can we further cut chemical precursor access?
- Educate merchants: Teach them what substances cooks buy, how to identify groups buying smaller amounts of the substances to avoid suspicion, etc.
- Control the sale of pseudoephedrine
- Hold businesses more accountable for the sale of precursors and lab related items.
- Precursor legislation (pseudo).
- Reducing meth availability in Iowa.
- How can we further cut chemical precursor access?
- Working with retailers re: precursors to meth manufacturing.
- Pseudoephedrine bill need to contain language that affects more products than one.
- Vendors who place pseudo on "sale" or "special."
- Anhydrous ammonia and inert method or coloring.
- Importation of meth from SW US to Iowa/MN/IL area.
- Limiting even more the access to precursors, especially pseudoephedrine and anhydrous.
- Examine how restricting access to over-the-counter pseudoephedrine products from making meth curbs use in other parts of the country with tightened purchasing laws.
- How do we limit accessibility of common ingredients to meth "manufacturers" without negatively impacting licit uses and users of those ingredients and substances.

Environmental and Lab Clean-up/Remediation and Property Issues

- Meth Lab clean-up.
- Injuries and evacuations resulting from meth labs.
- Meth Labs - impacting the ability to manufacture meth by restricting access to material – pseudo.
- Rental property – proper screening will prevent most meth labs.
- Environmental impact – theft of precursors (financial impact, destruction of property), contamination, injury to uninvolved persons.
- Remediation of properties contaminated by methamphetamine.
- Hold property owners and/or arrestees responsible for clean-up costs.
- Safety of child victims, of communities/environments, of those who intervene (law enforcement, DHS, etc.).

Prevention, Education and Community Awareness

- Enhancing the community's recognition of meth manufacturing's dangers to children.
- Education of private sector is important, need cooperation between private and public sectors. How about a PSA by media to alert public of the dangers of meth.
- The perception that if you are on meth you will never get off leads to hopelessness and futility.
- We see a strong correlation between meth users and those individuals who were initially trying to lose weight. As simple as it sounds, public information and education about healthy approaches to weight-loss might prevent some from turning to meth use and eventually to meth production to support their habit.
- Prevention efforts; finding out what is effective in terms of keeping our kids from starting to use meth and other drugs – focusing efforts on family/community so that it's a longer term solution.
- Preventing people from startup/using meth.
- Increasing community awareness.
- Funding and resources to help educate communities (families, parents, and youth) on the dangers of meth and its devastating effects on lives – What are the most effective ways community coalitions can help in this area? What are other communities doing to combat this growing problem? How do we educate our community and help to change attitudes, norms, and behaviors?
- Our school counselors and prevention specialists are beginning to see more meth activity in the high school. This is of great concern to them and they want to educate youth and families about this alarming trend. It was reported in the Drug Free coalition that there is not "typical profile" for the student who is experimenting with meth. This drug is crossing all socio-economic areas and family profiles amongst students. What successful programs have other schools used to educate their students, teachers, and families on this problem? How can our local schools become more engaged in the process of educating our youth on the dangers of meth?
- Prevention/Education.
- Community outreach/public education/prevention.
- Lack of community awareness of the problem and extent of meth's effects on the body.
- Educate the public: teach them what to look for in locating dealers and labs. Teach them the signs and symptoms of someone using, where to go for help, and that it is okay to ask for help.
- Encourage the public to report to law enforcement what they see.
- Meth's impact on families.
- Getting the whole community involved in prevention efforts.
- Training.
- Prevention, treatment and aftercare effectiveness.
- Education – in schools beginning at lower elementary.
- Encourage the public to report to law enforcement what they see.
- Negative community impact on non-users (threat to community's innocent members –the related contaminants, crime, safety concerns, etc.).
- Availability of research-based meth prevention curricula/strategies for universal, selected, and indicated populations.
- Community awareness – importance of involvement and reporting if suspect/see precursor trash, etc.
- The effects on family members (children or siblings).

- Public education for families and interested stakeholders in communities.
- We see a strong correlation between meth users and those individuals who were initially trying to lose weight. As simple as it sounds, public information and education about healthy approaches to weight-loss might prevent some from turning to meth use and eventually to meth production to support their habit.
- Is there a correlation between the weak Iowa economy and the number of people turning to meth and meth manufacturing? Jobs that pay a living wage are important.
- The effects on the community (crime/theft).
- The effects on schools (resources).
- Community awareness of the impact of meth on youth and families (child abuse, violence, neglect). As indicated in the Drug Endangered Children video.
- Community awareness and education for neighborhoods and landlords/landowners. I know that merchants, medical community, educators, law enforcement and such have been educated, but people that would be affected where meth is being manufactured? This has had a personal impact on my family as former rental property owners.
- More incorporation of meth awareness into regular professional development and communication for many different disciplines. I am amazed at how few doctors, first responders, firefighters, teachers, pastors, realtors, etc. have had any type of training on meth issues.
- Stigma related to meth use.
- Decreasing public reliance on the media for education regarding this issue.
- Addressing issues of the stigma of substance abuse in general.
- Effective community collaboration strategies.
- Public awareness and prevention using effective community-based strategies that are linked to the strategies being used for other abused substance in Iowa. This should include putting the meth problem in realistic perspective in relationship to the impact of alcohol and tobacco on Iowa's public health and safety. Meth funding for prevention should be blended with other substance abuse prevention programs at the Department of Public Health for maximum impact..
- Discuss efficacy of talking & educating vs. talking & testing to deter use.
- Lack of knowledge...this is so many things; how addictive the drug is, relapse cycle, what do you do if your neighbor is manufacturing, etc...
- Stigma – not just with the general public but with human service providers.
- Develop better partnering with schools to inject more factual information about meth to students.
- Creation of meth specific prevention components to add to programming at middle school, high school, and college levels.
- Statewide media campaign targeting pregnant women and new parents on the effects of meth on babies.

Other Issues:

- There is a list available on sexual offenders, why not a list of convicted drug dealers
- Community support, staffing and additional funding sources are needed for local law enforcement (sheriff and police) to address the increased use of meth. The sheriff reported that over 85% of the work that his department does is directly related to meth usage. Local law enforcement has continued to see cuts in funding that is needed to effectively fight the war on drugs. They also have shared their serious concern about the slow delay in getting their drug tests (lab reports) back from the state. This long delay in getting drug lab work back to the police creates big problems in prosecuting the drug offenders. It slows down the court system and often allows the drug offenders to “move on” to another town or locations. They feel frustrated with the inefficient system, but are also aware that the staffing of the state lab workers has been cut over the years, despite the increased work demand.
- Determine why so many people in Iowa use meth
- Current policies and practices’ impact on growing prison population
- Federal, state, county, and municipal funding responsibilities
- Culturally and geographically specific nature of this drug along with the easy accessibility/availability of it
- Enforcement
- Regional organizations
- Health issues. Cost of life. Cost to taxpayers, burden on health care system
- Is there a correlation between the weak Iowa economy and the number of people turning to meth and meth manufacturing? Jobs that pay a living wage are important.
- In our area it appears that through the judicial system meth convictions are “bargained down.” This needs to change. IF consequences are not stiff enough or really enforced, why wouldn’t our neighbors and various sectors of the community turn a “blind eye.”
- Better coordination and communication among various sectors. It’s like everyone has a piece of a jigsaw puzzle, but on one has the picture on the box or knows who else has pieces
- Improving the correlation of statistics/facts provided by law enforcement and statistics/facts provided by public health resources.
- Law enforcement strategies of interdiction and community policing must continue and with adequate training and funding.
- Examine data showing what works to eliminate or reduce meth use based on self-reports, employer prevention plans, armed forces data, treatment, corrections data

Attachment C

Recommendations from previous Meth Summits that are in place or are in some stage of development:

Drug Endangered Children

- 3 pilot communities
- Statewide DEC coordinator hired
- Development of guidelines and procedures
- Connection with National DEC Alliance
- Resource assessment
- HF 2150

Meth Watch

- Funding through CSAP to support Meth Watch
- Public/Private partnership
- Potential for funding from CHPA
- Meth Watch coordinator through IRF
- Adaptation of materials for use in Iowa

Drug Free Workplace Education Program

- Face It Together program
- Coordination/Leadership by IDPH – Prevention Agencies
- Involvement of ABI, SHRM
- Written Curriculum and videos are available, CD-Rom will be done in Sept.

Precursor Controls

- HF 2259
- UNI Survey
- Some voluntary limitations imposed by retailers
- Local Ordinances passed in several communities limiting access to precursors

Anhydrous Ammonia Additive

- Additive developed by ISU chemists
- Tested by DCI
- Additional tests conducted by DEA chemists in winter 2004
- Piloting will begin in fall 2004

Anhydrous Tank Locks

- Grant secured for tank lock distribution in south central Iowa
- A second round of funding will be distributed to counties contiguous to those already having locks, and to southern border counties

Anti-Drug Coalitions

- Increase in the number and viability of SAFE and other anti-drug coalitions across the state
- Increased involvement of substance abuse prevention agencies

Data Collection, Management, and Sharing among Law Enforcement Agencies

- Fusion Center
- Intel Analysts

Additional recommendations

- Cross Training between various partners - LE, DHS, Tx, Prevention in particular
- Identification of Best Practices in Tx and Prevention – specific to methamphetamine
- Training for health professionals and students (Doctors, Nurses, First Responders, etc.) on meth and other drug issues
- Increased use of Drug Courts for meth related cases
- Interagency cooperation and information sharing
- Public Relations campaigns specific to methamphetamine and stigma issues (some of this is happening, but could be increased)
- Greater media involvement in creating awareness of meth related issues (e.g., DEC)
- Greater involvement of the Judicial system and prosecutors
- Lab clean-up standards and environmental issues related to meth manufacture
- Audience specific meth information – gender, age, culture, etc.
- Continuum of Tx within the Criminal Justice system
- Access to meth specific treatment

Attachment D

Child Welfare - Drug Endangered Children

Discussion

- We need to identify and track kids
- Understand long term psychological impact of meth exposure upon kids
- We are moving forward in protocols but no long term studies to fill gaps
- Need to support research about the effects of meth
- Need to identify kids before police bust – training school officials to identify kids who are living in this meth environment
- Are there differences in effects of meth vs. other drugs on children
- Domestic violence, sexual abuse, ADHD, etc., complicate identification issues
- What can we tell those who call to report they have family members using them near children (when DHS and Law Enforcement is overworked). Besides busting meth labs are there other options
- There should be more information sharing among social service and government organizations
- Building statewide hotlines and means of communications that can allow others to report any meth concerns
- Need to educate, work together to use statewide resources and protocols with as little disruption to kids lives
- Parents not getting jobs – coalition building with employers to address these issues, a mentoring type program
- What are the reintegration issues for kids
- Iowa has an overwhelming # of termination of parental rights - need assistance for those reintegrating from prison to avoid this – include parenting and life skills as well as treatment
- Focus on general public education so all people know what to look for – in MO faith community is taking a role in assisting families and children in meth situations

Ideal Response

- Streamline community services to ensure identification to ensure appropriate follow-up for drug exposed children
- Involve OB/GYN
- Greater ability to drug test for suspected using during pregnancy
- Track children 0-5
- A 1-800-bets-off sort of hotline and a simple way for people to access this type of hotline (consistent continuum of care)
- Education for physicians, schools, etc.
- Educate the public about stigma issues related to meth affected children
- Meth addicts have no coping skills when they reunify with kids – ideal support services for recovering addicts is in-home to give respite/break when stress arises and feel pressure to use – this would lower having kids taken away again
- Immediate treatment for both child and parent –“Family Foster Care”
- Iowa has good community norms about substance abuse but our views on alcohol/tobacco has weakened this which effects our view of meth -neighbors caring about neighbors and knowing what creates a healthy child instead of respecting privacy to a fault (Neighborhood Watch Program)

Barriers

- Low social capital – caring less and less about each other and the community
- Privacy

- Different policies among agencies as well as among Departments and Divisions of state government
- Lack of training
- Lack of treatment
- Lack of facilities to support families while they are going through treatment
- Lack of foster care
- Lack of systems that support accountability
- Lack of tracking to find long-term effects on children
- Lack of family drug court – systems that support accountability
- DHS and law enforcement don't communicate well – esp. at lab sites
- DHS timetable for reunification is inconsistent with timetables needed for recovery from meth addiction
- DHS has lost focus and their process for helping families has broken down
- Lack of compliance to time tables for medical referrals for involved children – Inadequacies of medical protocols, including neonatal screening and lack of training for medical professionals on the protocol and recognition of drug exposed children
- Lack of educational initiatives on drug abuse for students/teachers
- Children returned to parents before they complete treatment
- Lack of standardized drug screening protocols for neonatal units
- Politics
- Turf
- Communication
- Domestic abuse lobbying groups are against prosecution of meth addicted females who are also victims of Domestic Violence
- Lack of universally agreed upon protocols
- Governmental structure
- Conflicting philosophies
- No facilities or services available
- Difficult to identify "families"
- Resistance/little or no motivation from families
- May involve uprooting children
- No money to provide services
- Educational concerns for children that have been exposed to meth – identify and help
- Financial impact on lowans (taxpayers)
- Lack of health care for all children
- Perception that meth addicts are "throw aways" –need to change this perception. Even if the person recovers there is still stigma attached that affects employability, family support, and the ability to be an effective parent

Critical Issues

- Shift in thinking from taking care of own to taking care of each other (paradigm shift) team thinking
- Organizational plans are usually individualized what about inter-agency strategic planning so funding goes to more than one agency
- Conflicting obligations to funders
- Tracking individuals without privacy issues

Collaboration

- DHS, law enforcement, medical facility, substance abuse, and prosecution will collaborate

- Each community will develop this interdisciplinary collaboration that will be available to function 24/7 with each meth lab bust or DHS/medical activation on suspicion for drug exposure.
- This way child protection is assured, appropriate child endangerment is confirmed, child's medical assessment/treatment is secured, CINA/criminal actions are taken, and treatment for parents is provided.

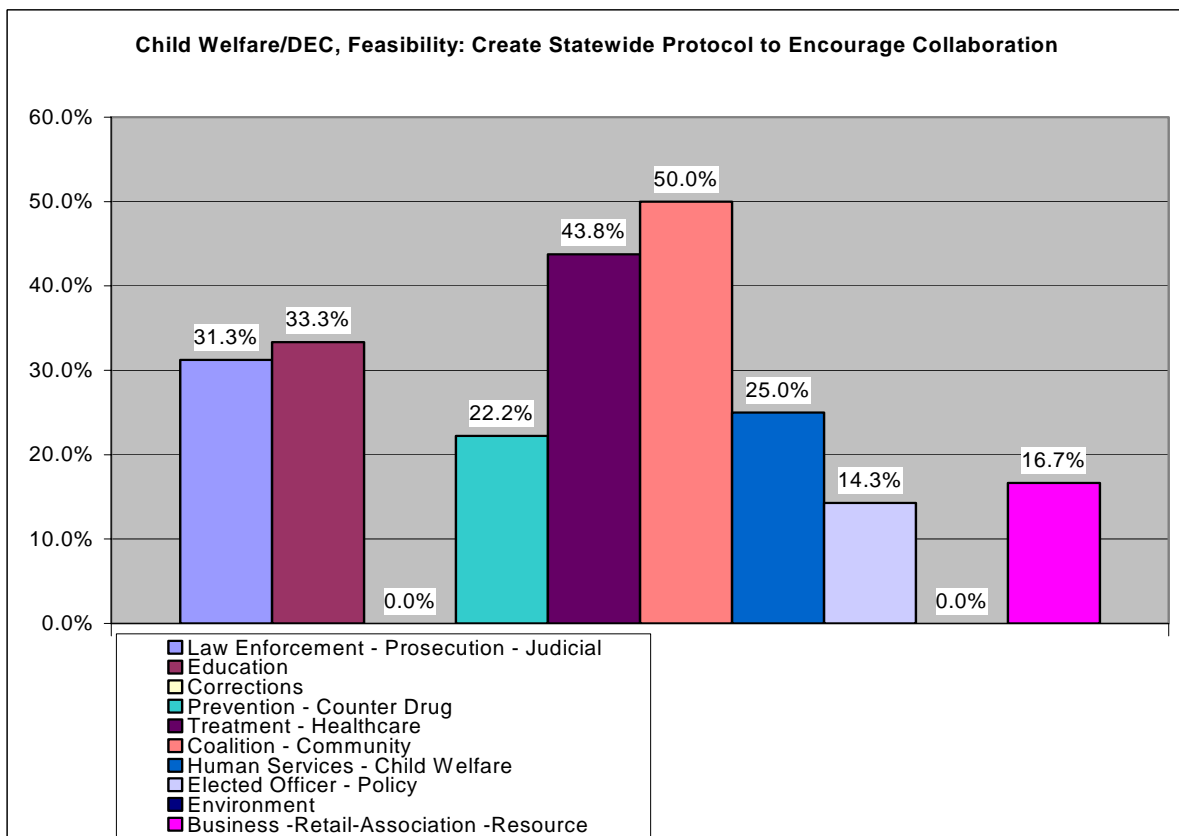
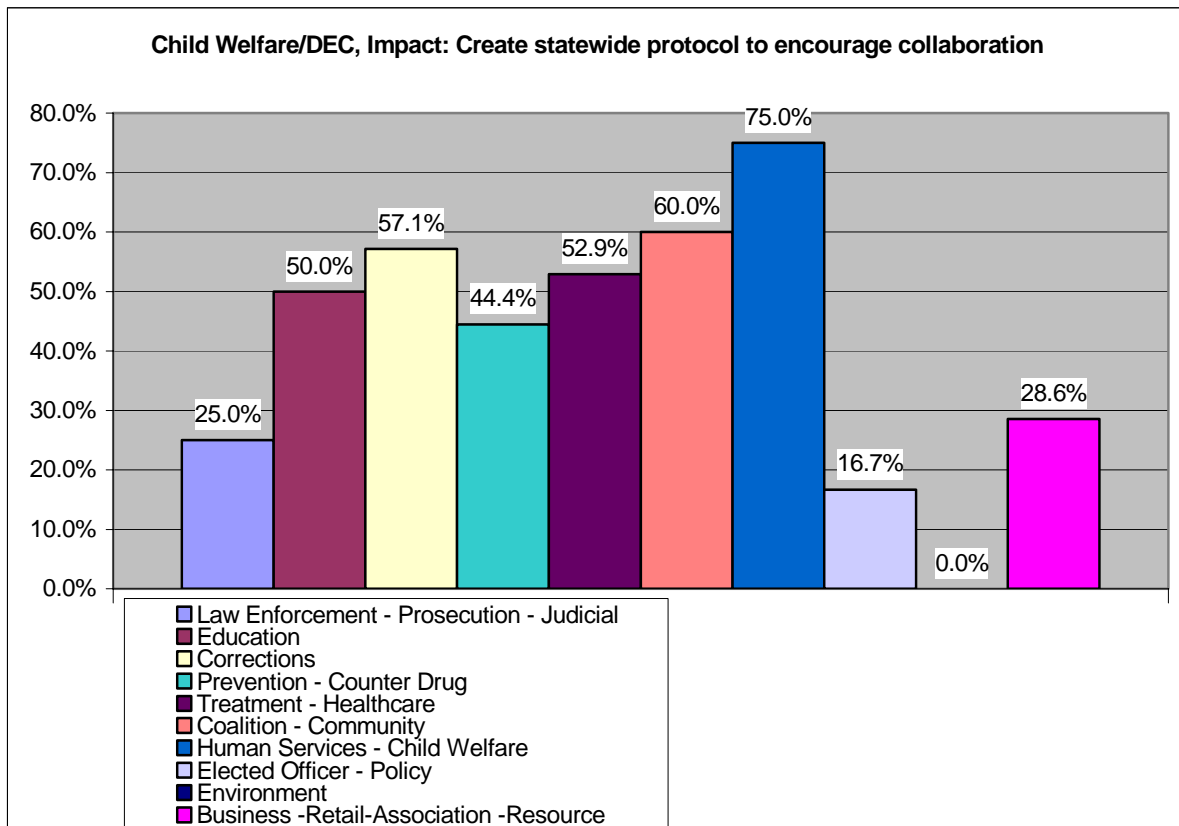
Key Actions

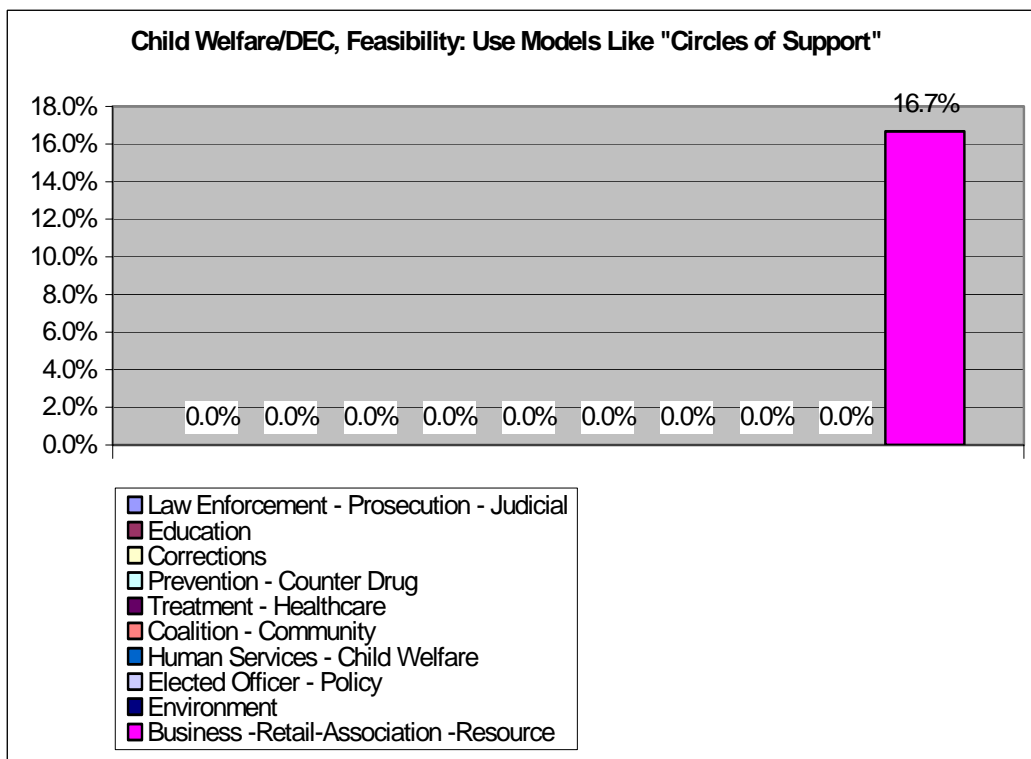
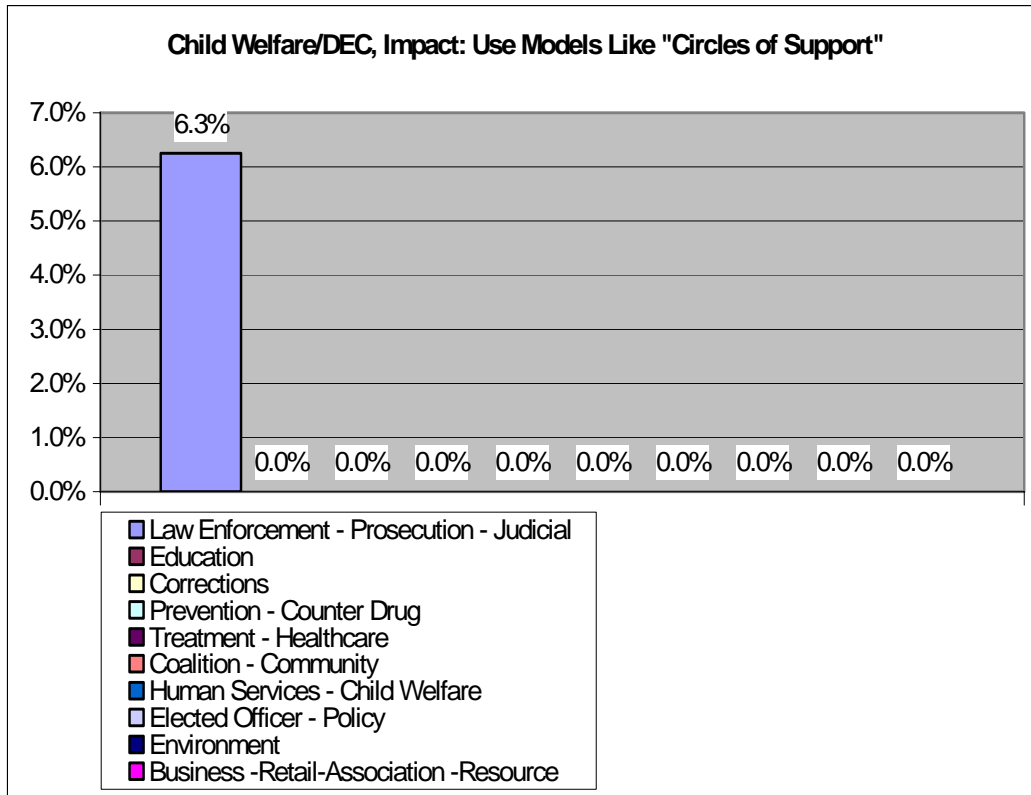
- Create a statewide protocol that encompasses DHS, Law Enforcement, Substance Abuse Treatment, Medical, Prosecution to provide comprehensive child assessment, treatment, intervention, prosecution and child protection
 - Consistent use of established medical protocol when treating meth exposed children
 - Prosecution of meth involved adults will be used as a tool to provide safe removal, medical evaluation, treatment of identified problems, protection, and provision of a healthy environment to children
 - Increase DHS resources for children in homes with addiction
 - Education about use when pregnant and the effects on babies
 - Equate the use of meth with child abuse – change public perception so that people know how serious it is to expose children to meth or its manufacture
 - Continued research and work on how best to help drug addicted/affected babies
 - Establish a dignified decontamination process, especially for children and teens, that would involve providing clothes and a few basic necessities – and a teddy bear for young children
 - Educate counties not currently served by DEC teams about the program and its effectiveness
 - Develop family centered treatment programs for DEC involved families
 - Protocols regarding assessing developmental issues and working with schools on appropriate follow-up and classroom placement
- Resources available to entire family (supervision, treatment, facility available to entire family) – Recognize the number of grandparents and extended family that are raising meth affected children and develop support systems to enable connections
- Provide support groups facilitated by training personnel for children who are living in a meth environment
- Public service campaign to expectant moms in conjunction with OB/GYN
- Create a tracking system for children across multiple systems to determine long term effects
- Enact codes changes to eliminate confidentiality issues (HIPAA) to enhance coordination among organizations
- More public/private collaboration – need a centralized, coordinated funding system for meth issues
- Use of models like Circle of Support and Family Court to deal with meth involved families/individuals and the different organizations
- Develop a meth hotline answered by trained professionals to assist users or others who want information about resources
- Develop a cadre of specially trained foster parents who can care for children of meth users
- Review DHS meth specialist credentials and activities to ensure they are trained and utilized in the most effective and consistent manner across the state
- Train relevant professionals regarding the health effects of meth and encourage them to educate their clientele and the public at large

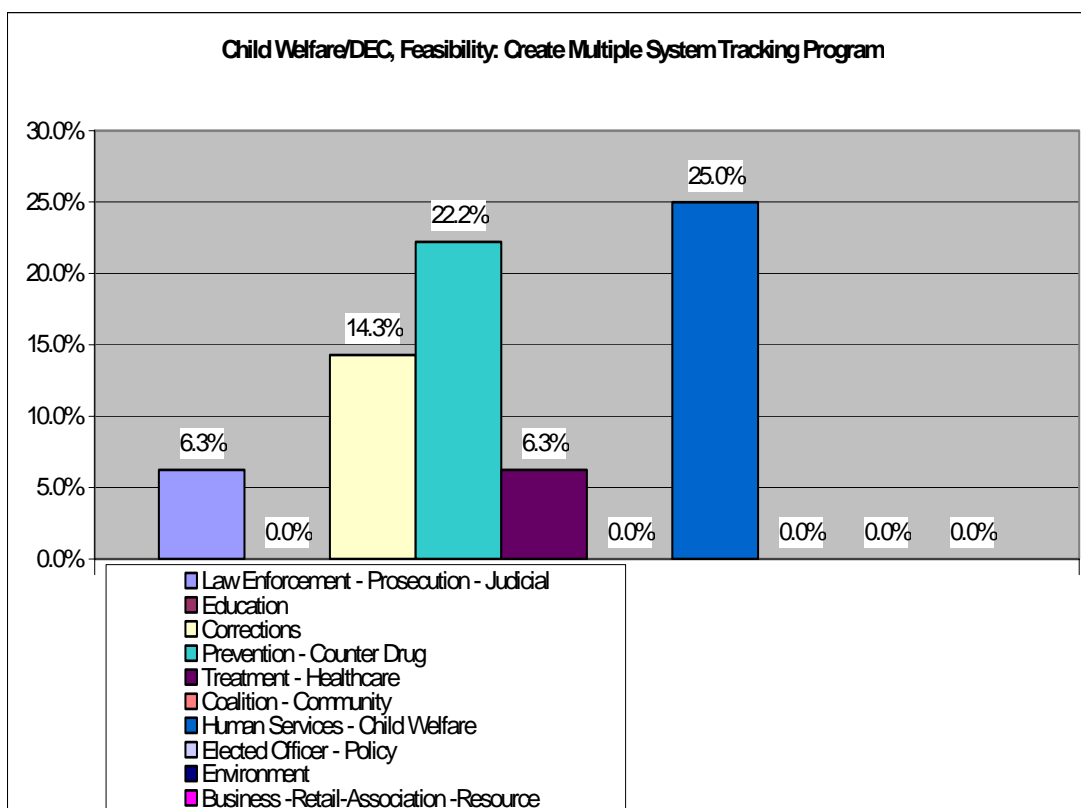
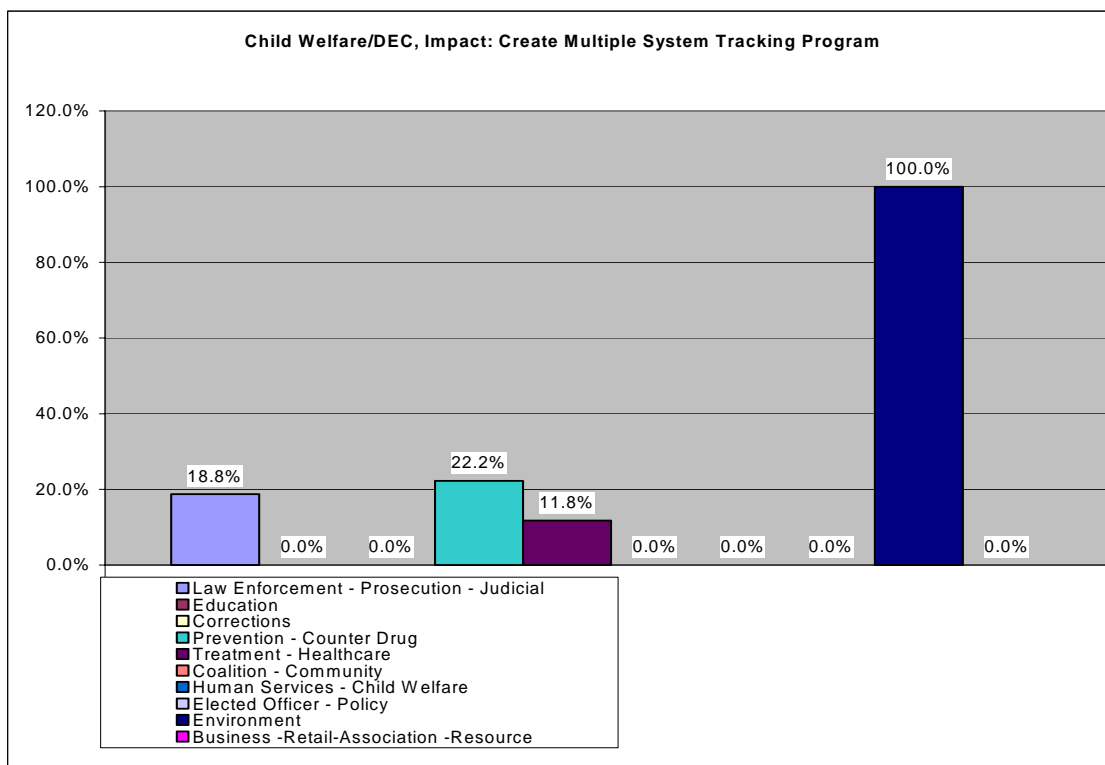
- Public and professional education regarding risks of environmental exposure to meth due to contaminated property

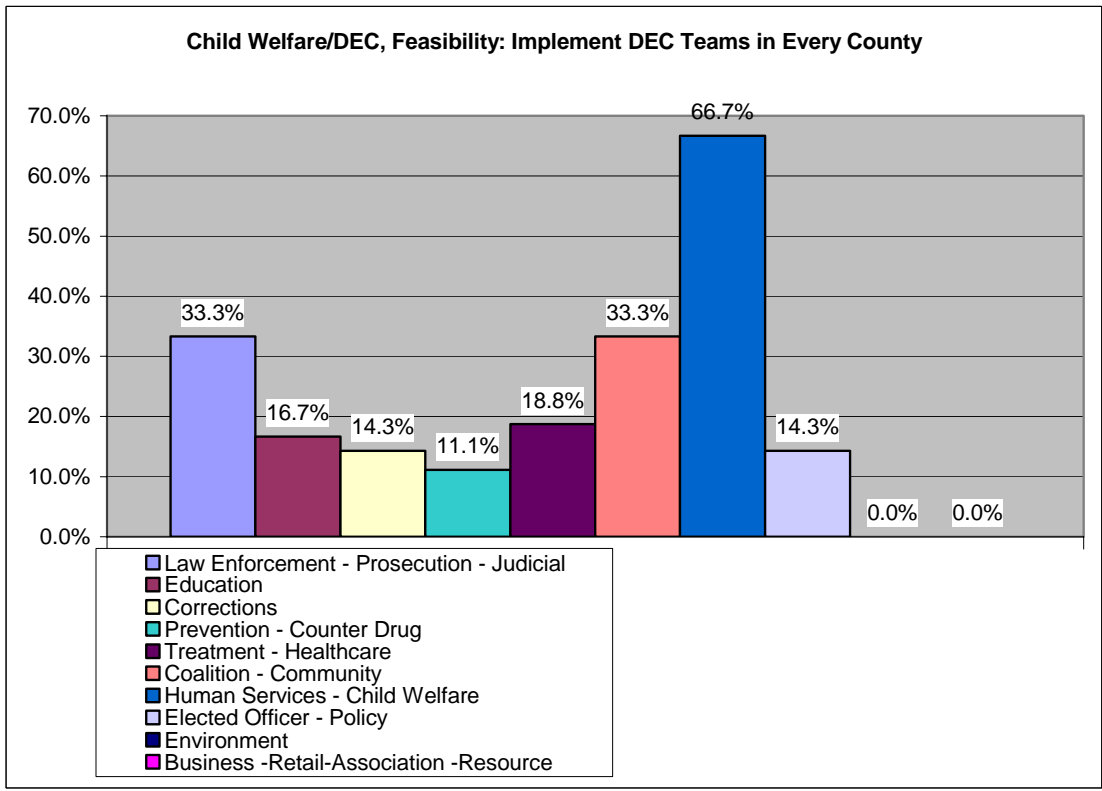
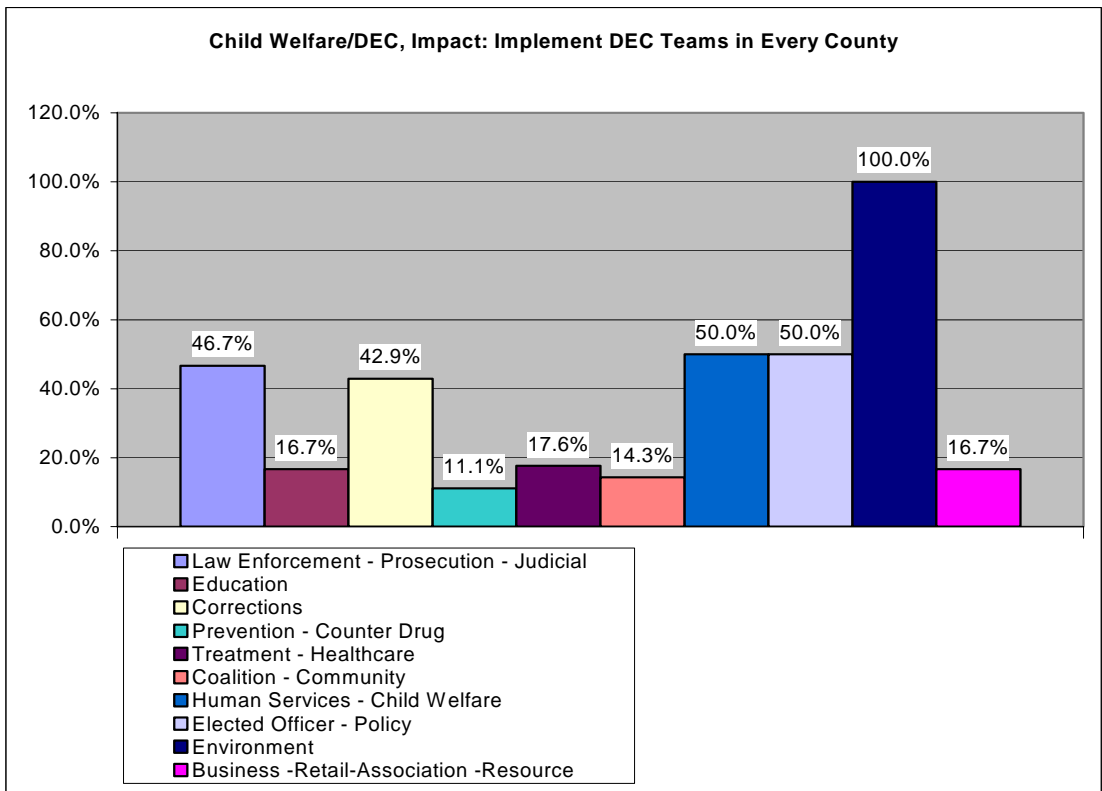
Funding Ideas

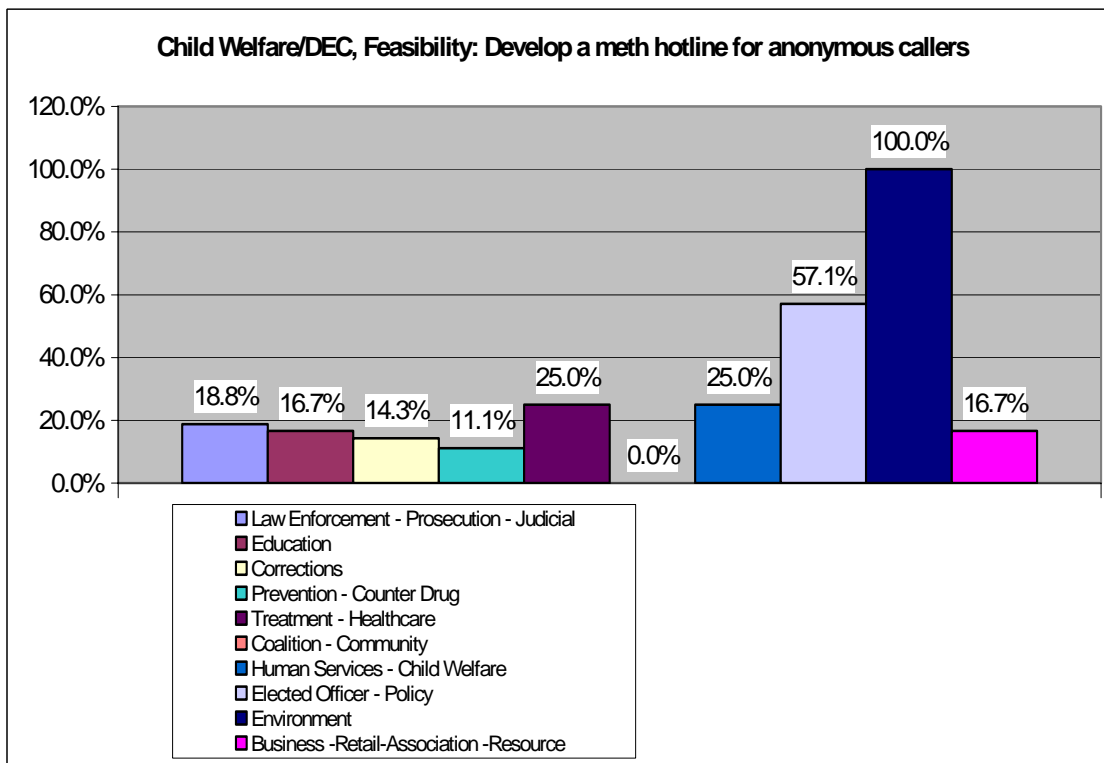
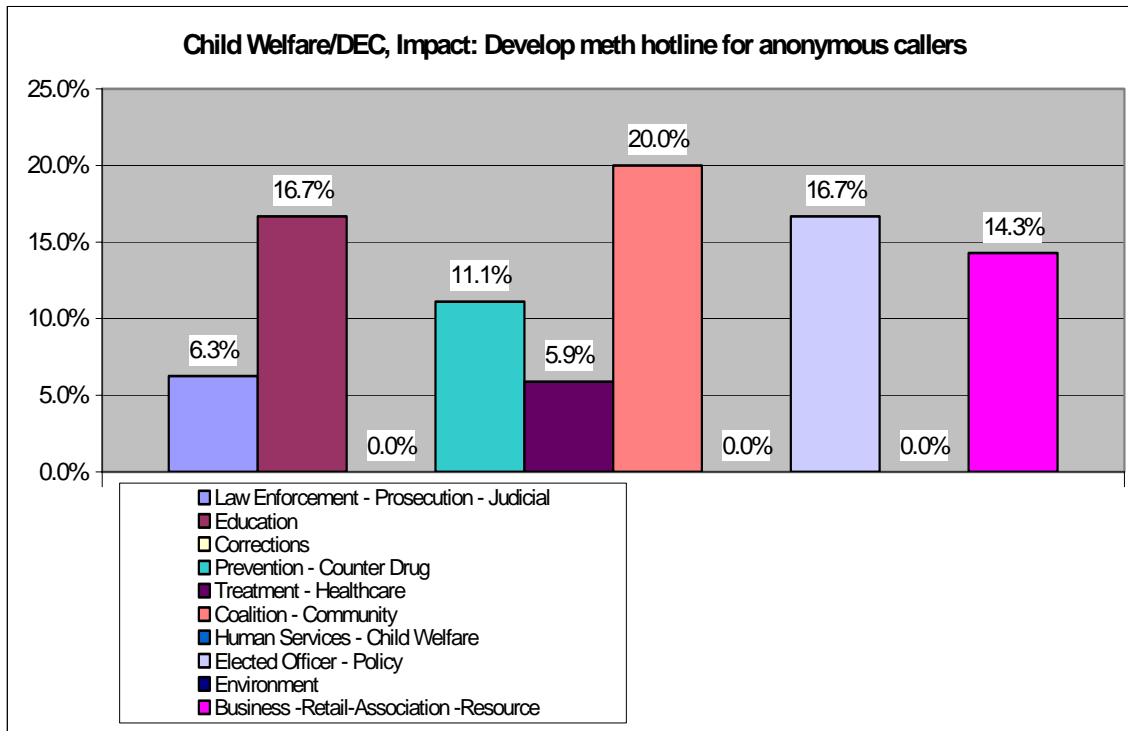
- Asset forfeiture could be a resource
- Reusing DHS funding that “works”
- Better collaboration between DHS and Corrections
- Examine federal victim-witness laws to determine how DEC children can access funds for treatment and medical needs
- Bio-Terrorism federal funding

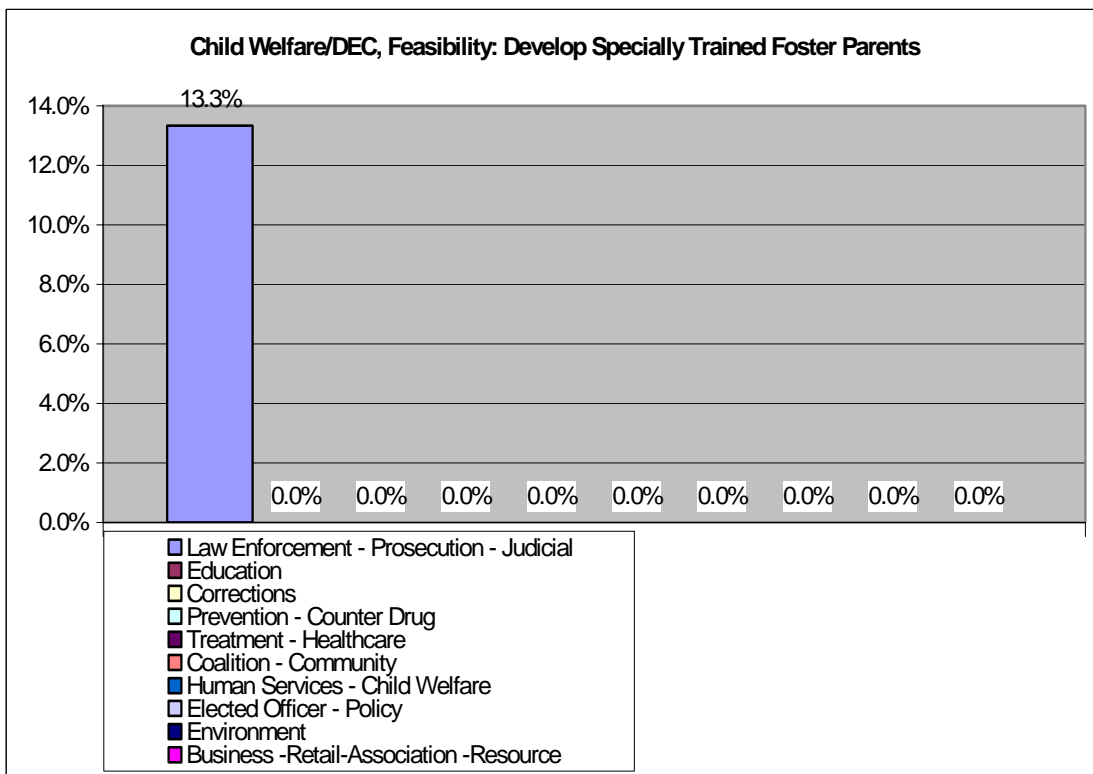
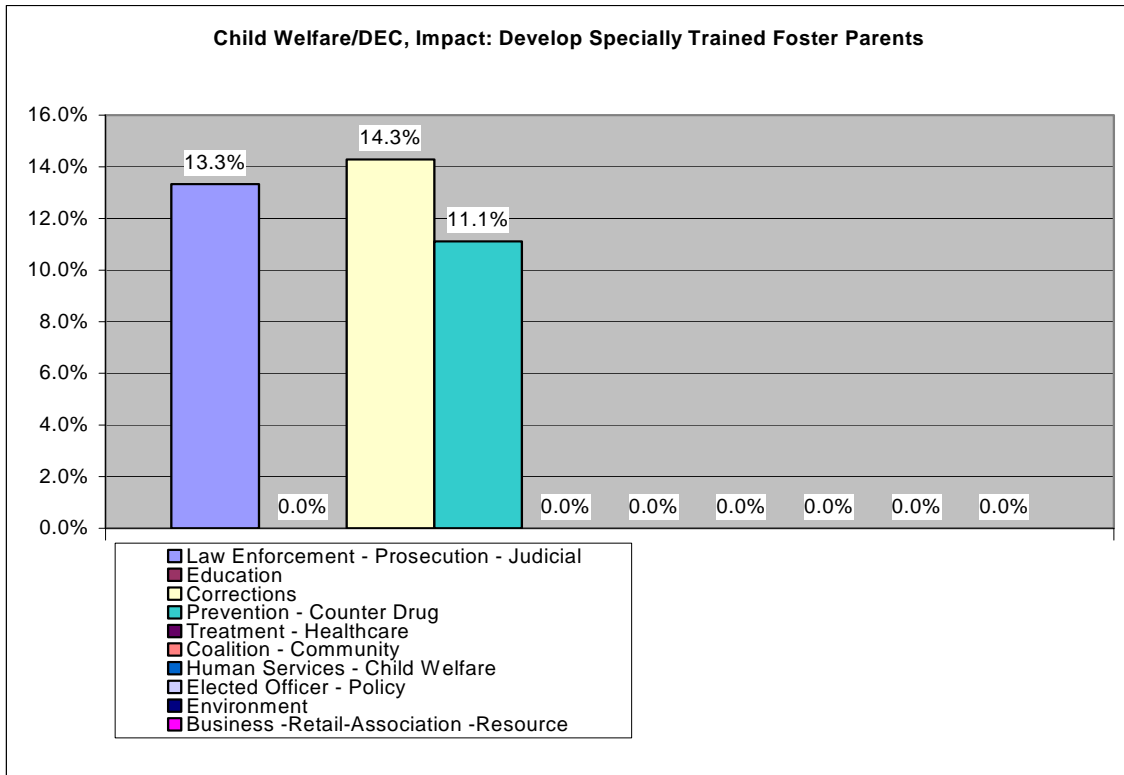


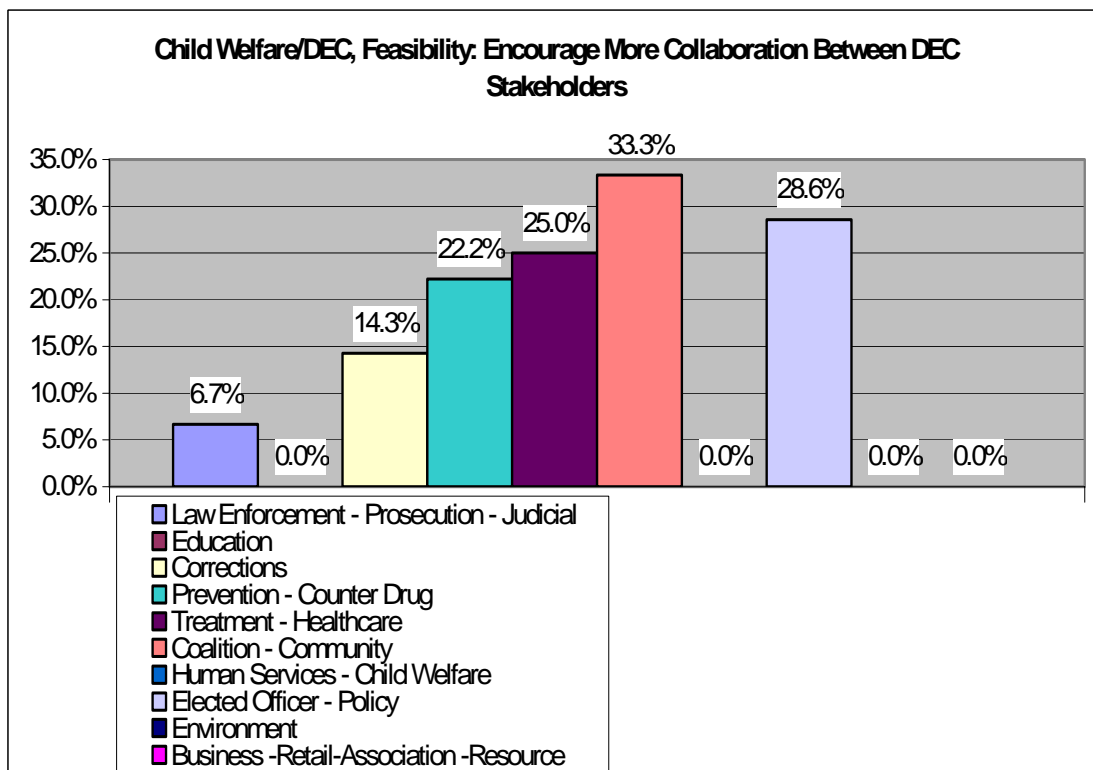
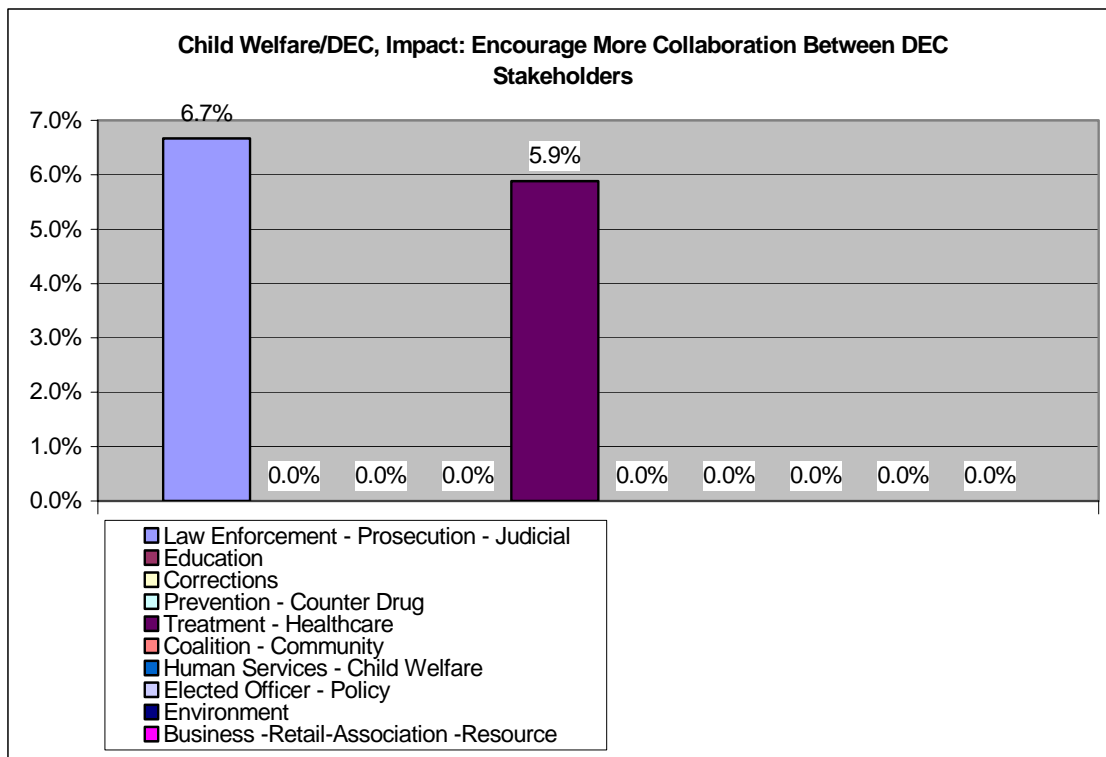


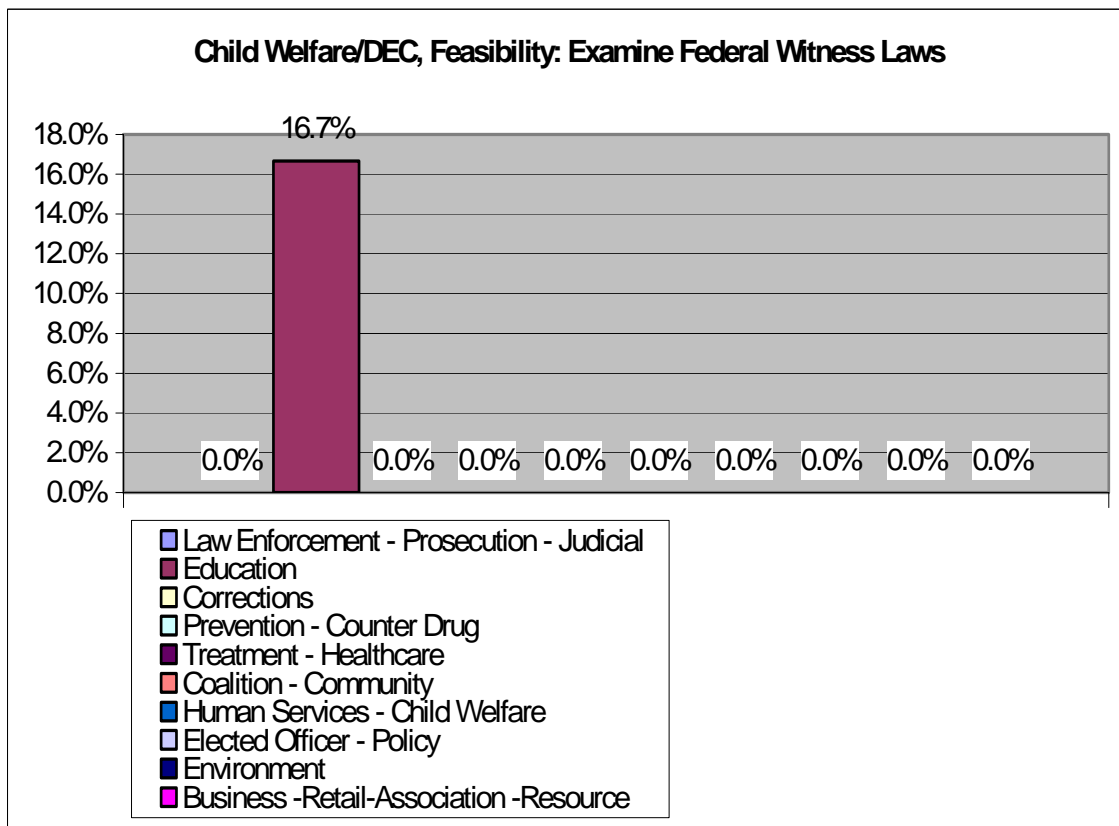
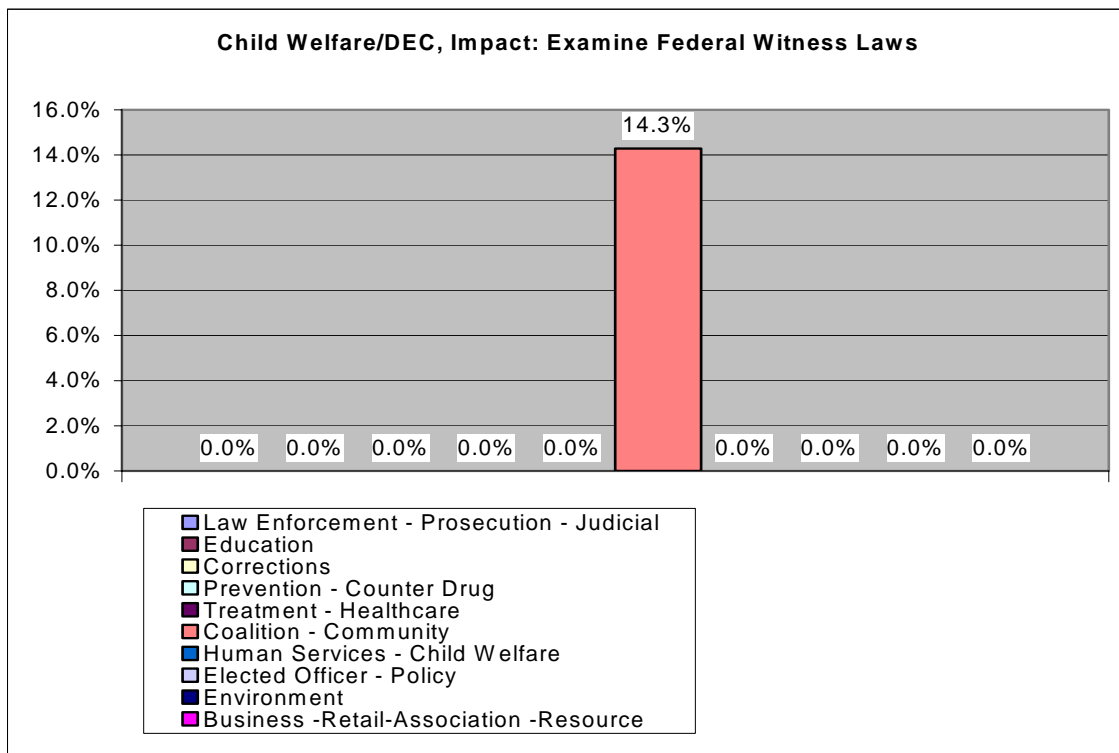


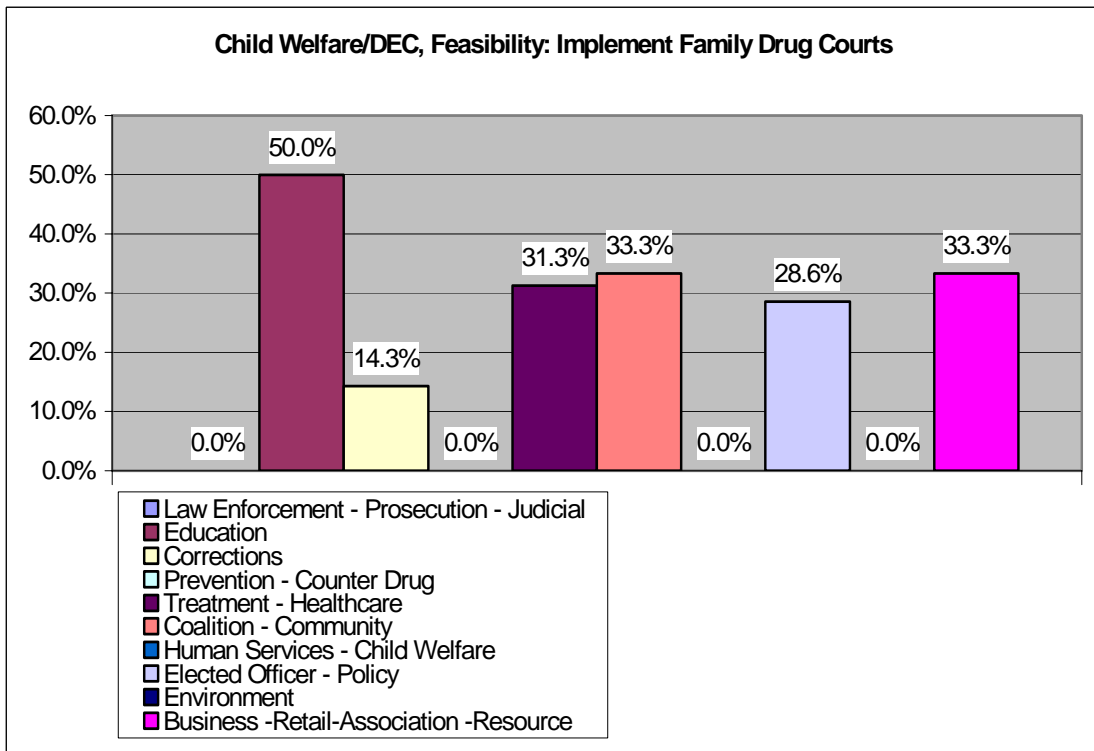
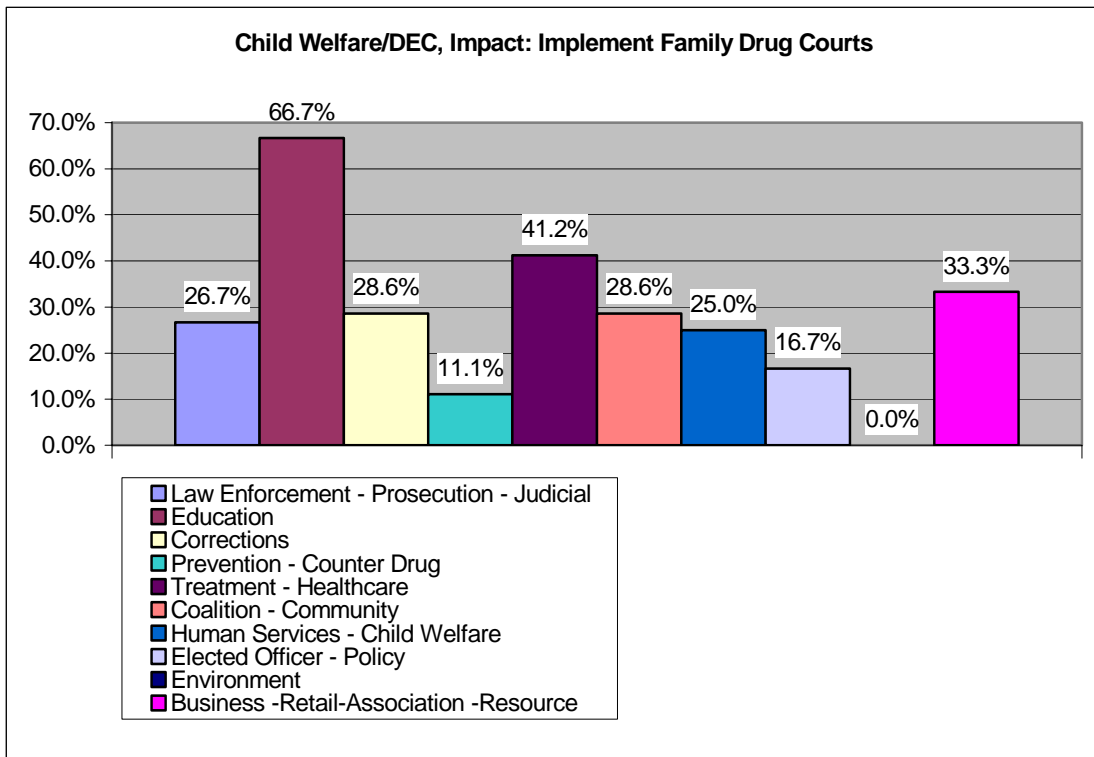




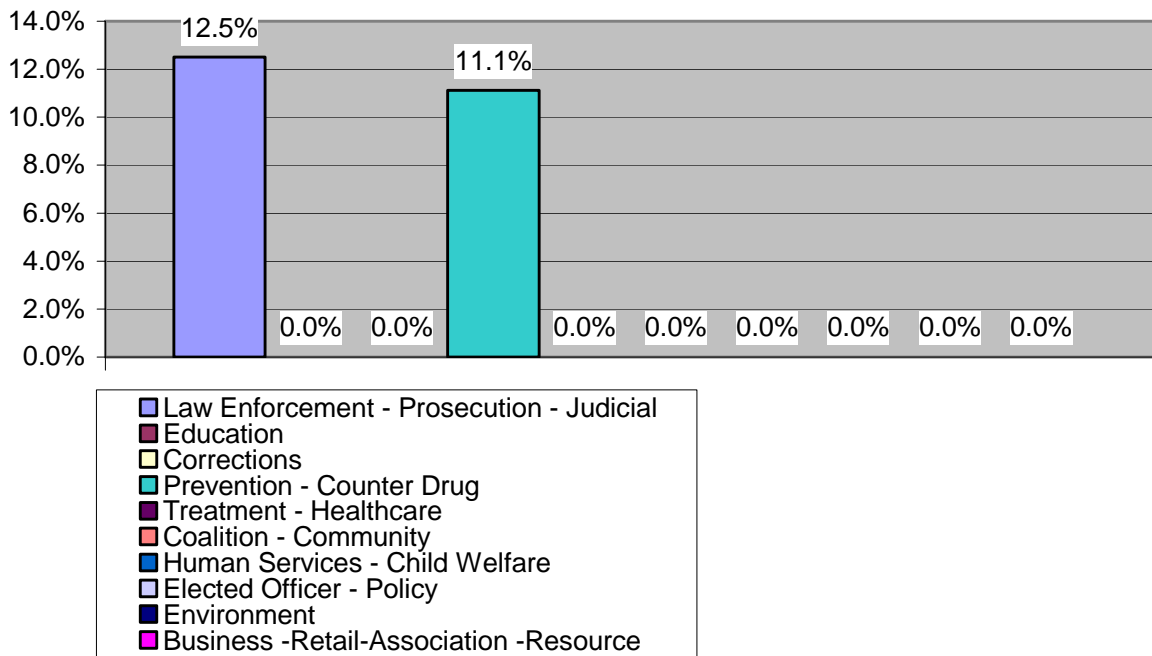




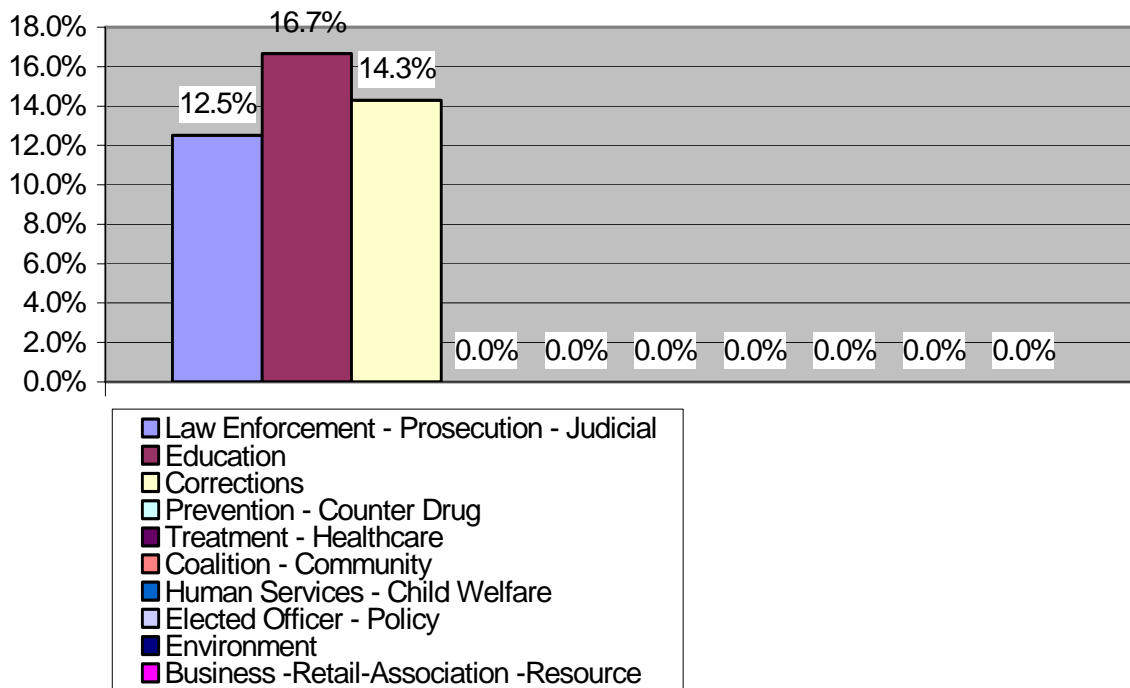


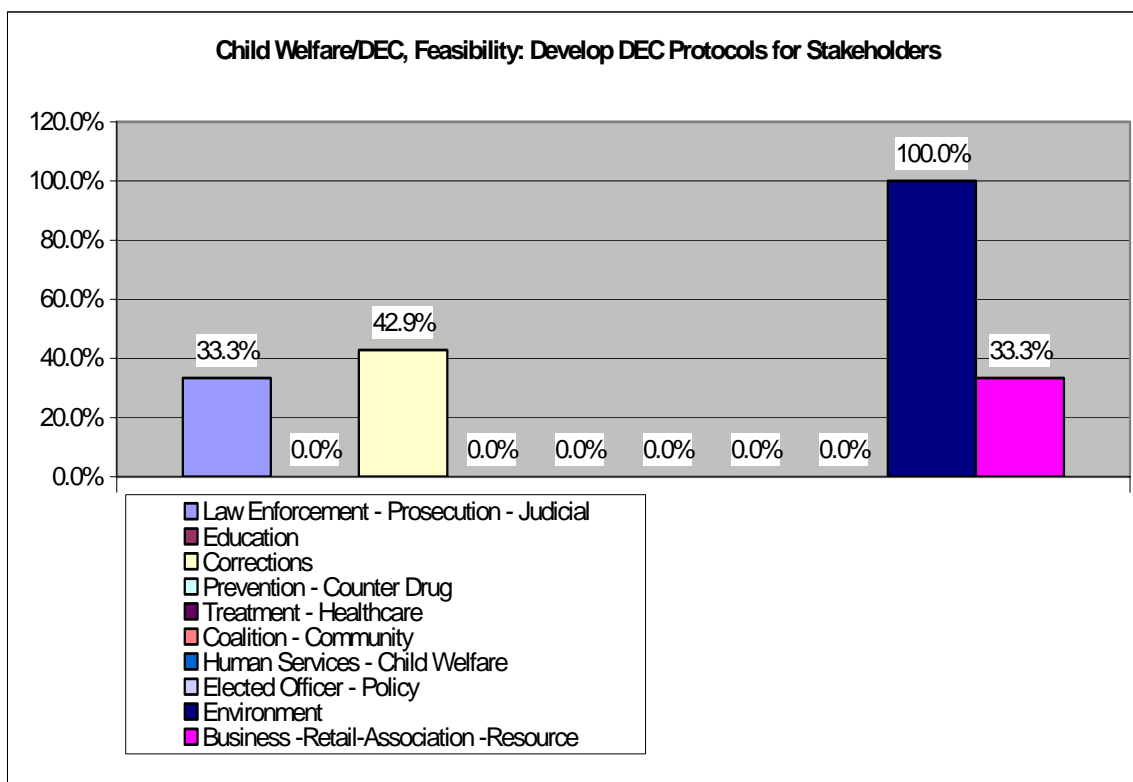
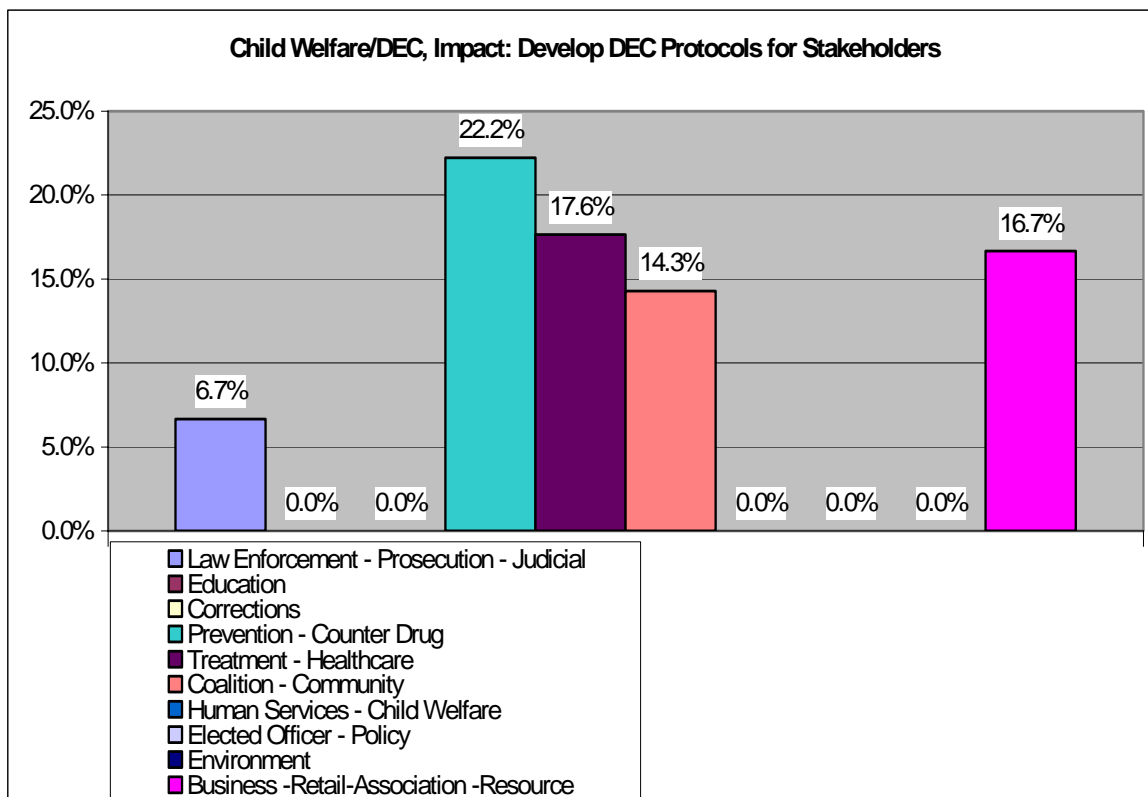


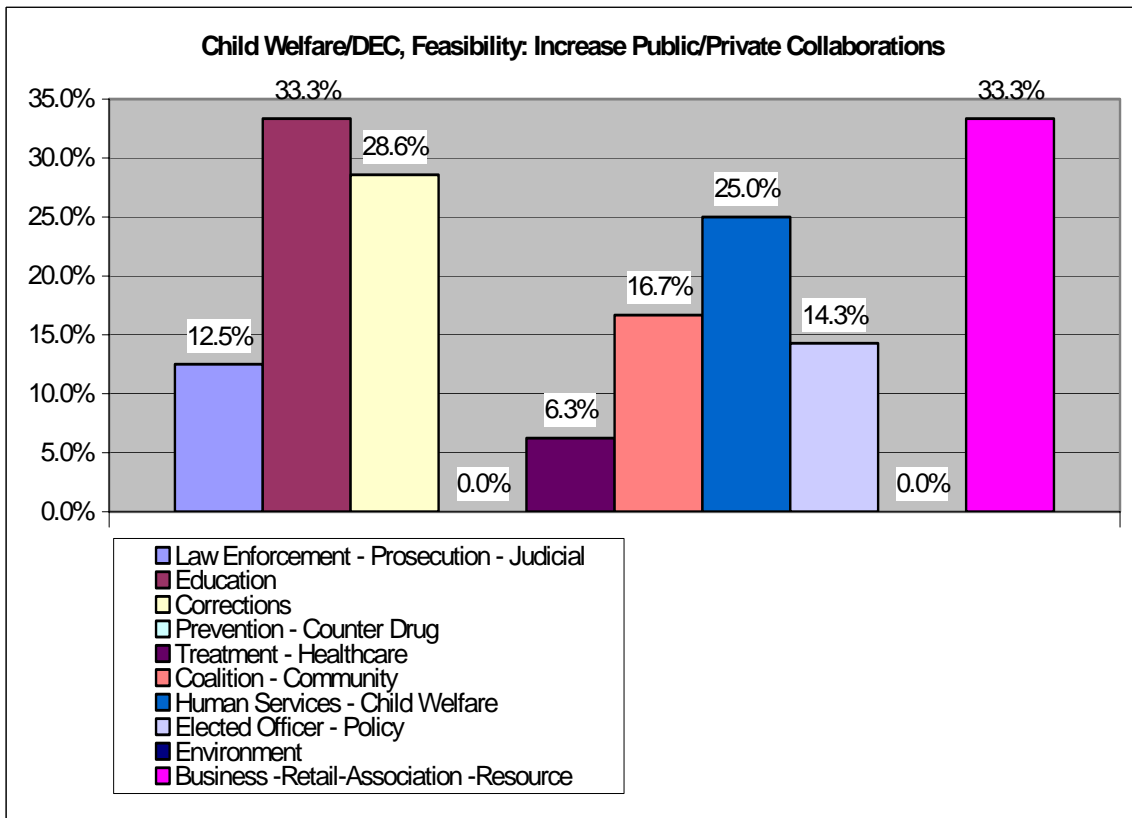
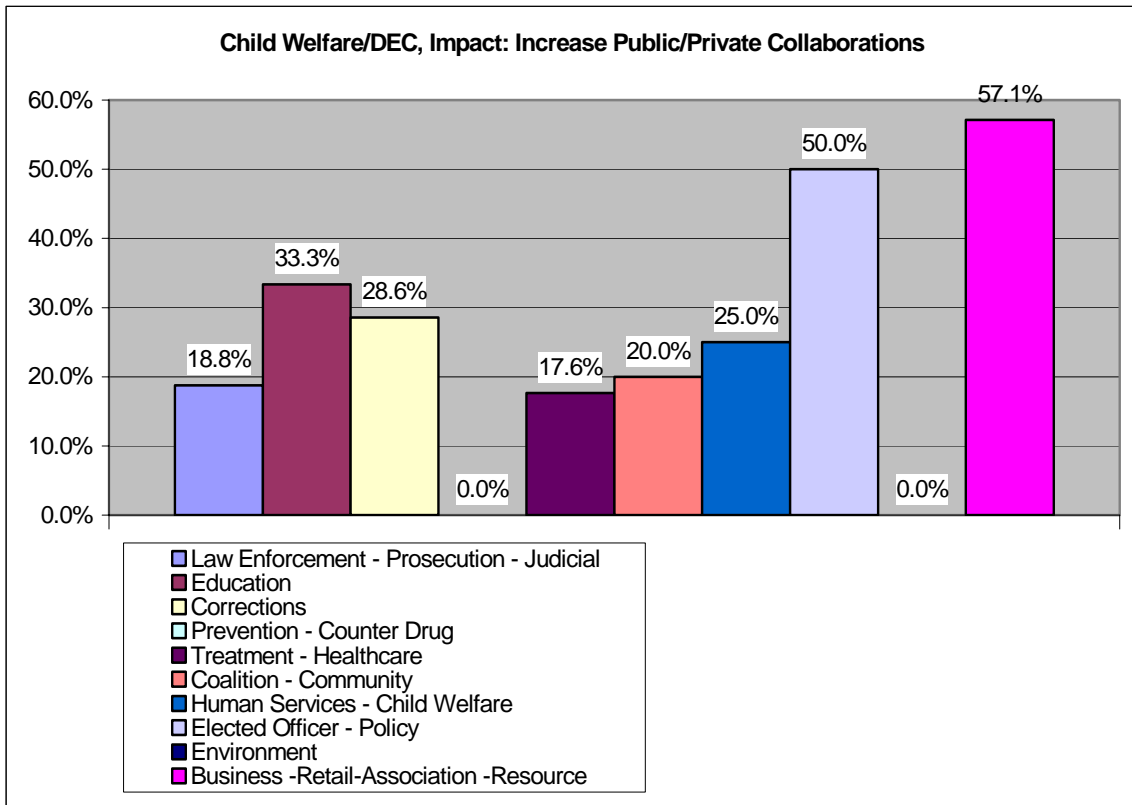
Child Welfare/DEC, Impact: Prosecution of Addicted Parents/Provide Services to Kids

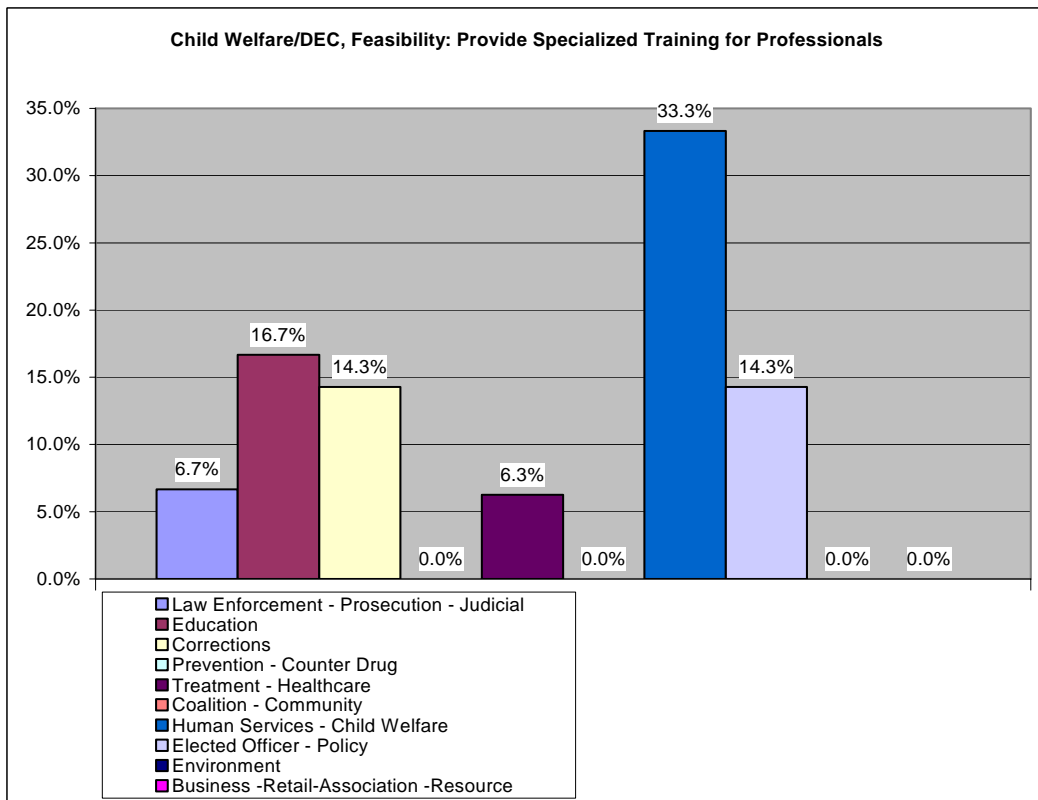
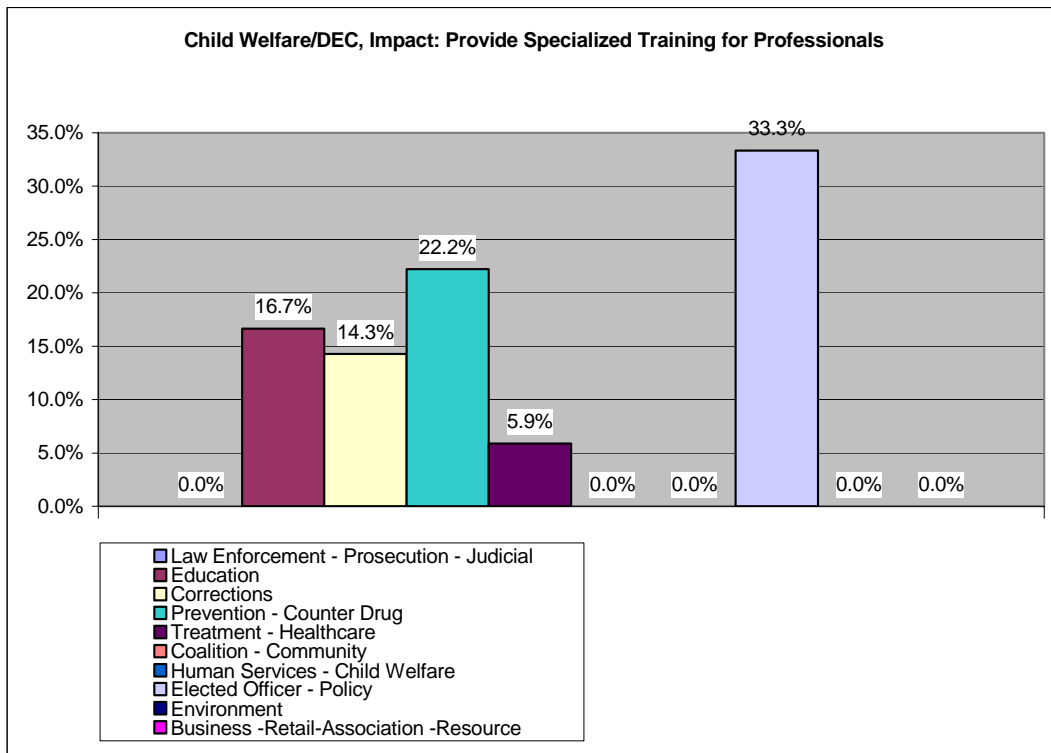


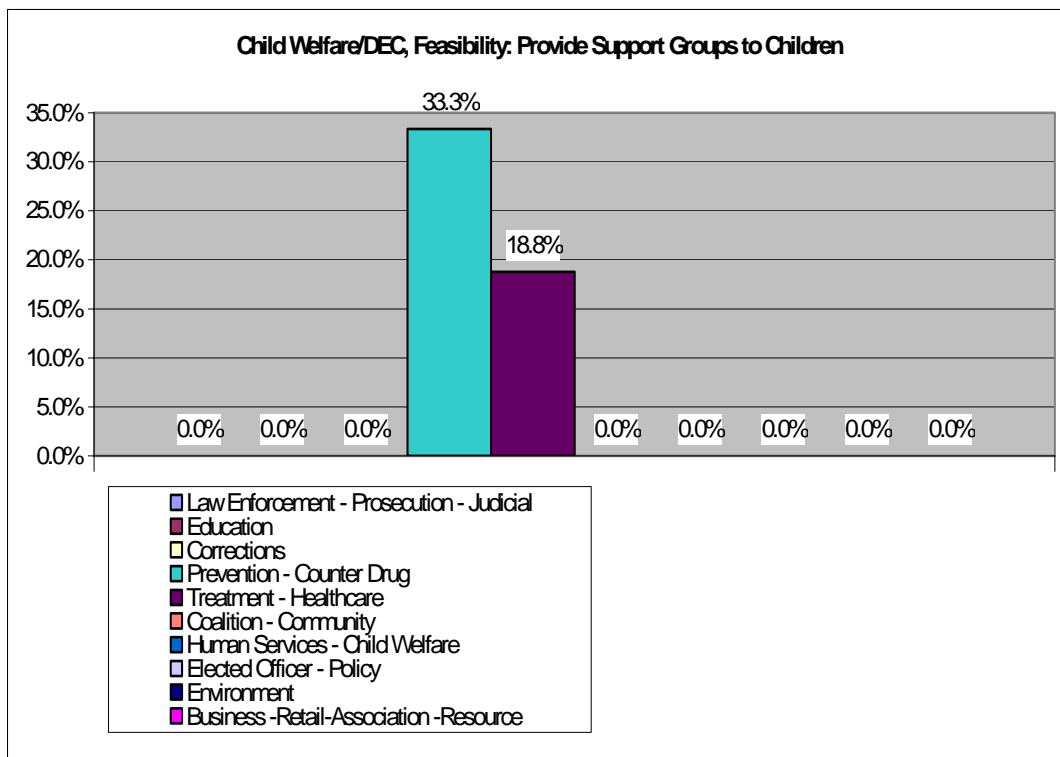
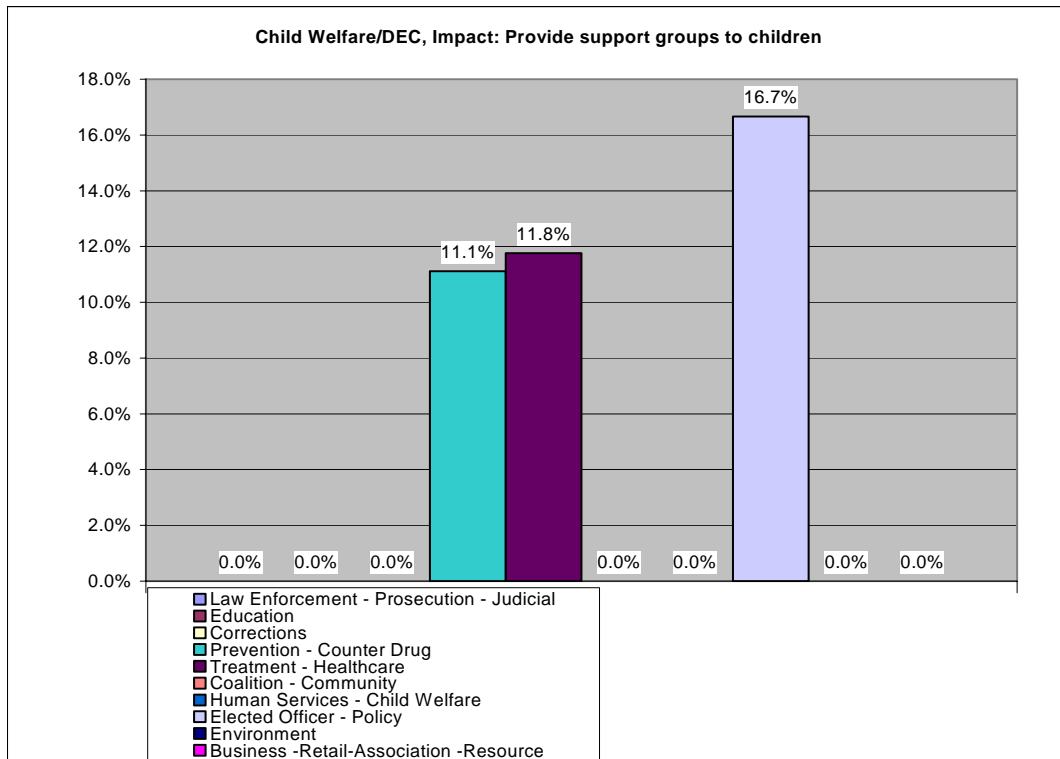
Child Welfare/DEC, Feasibility: Prosecution of Addicted Parents/Provide Services to Kids

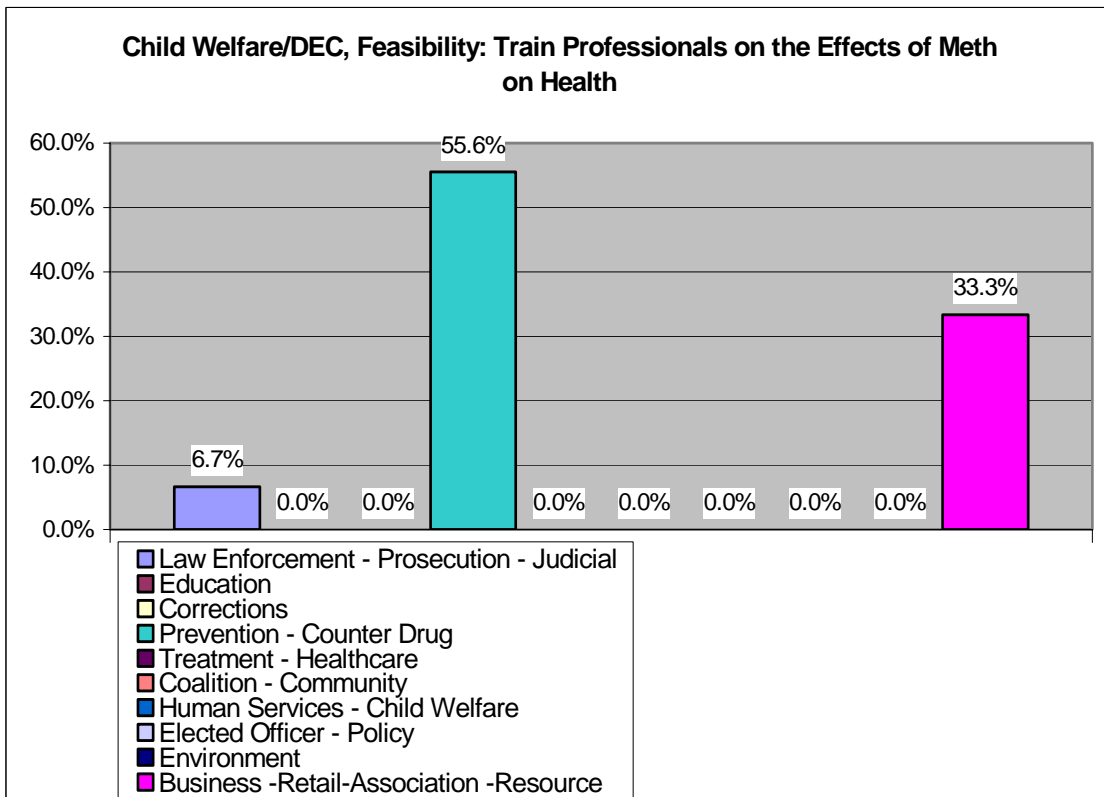
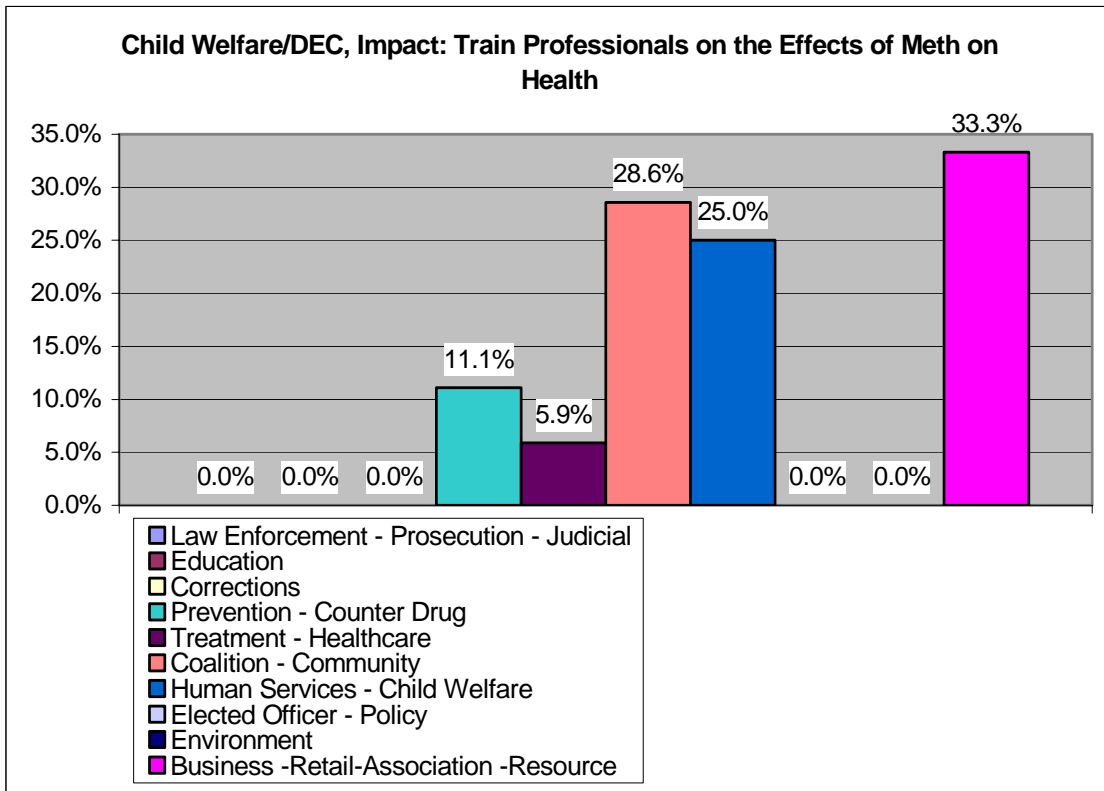




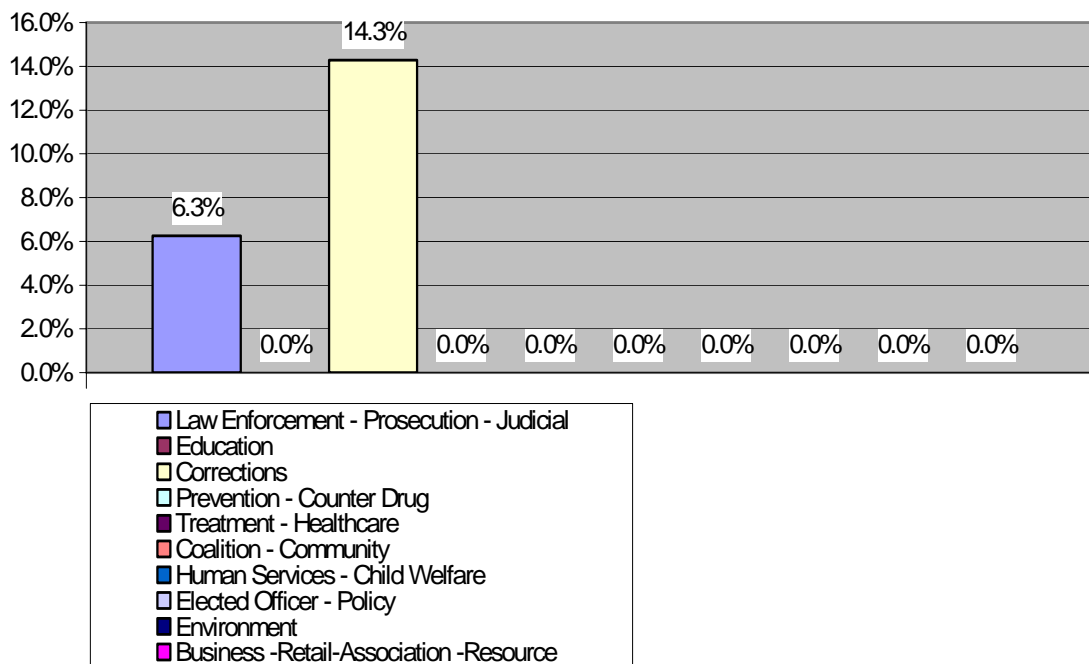




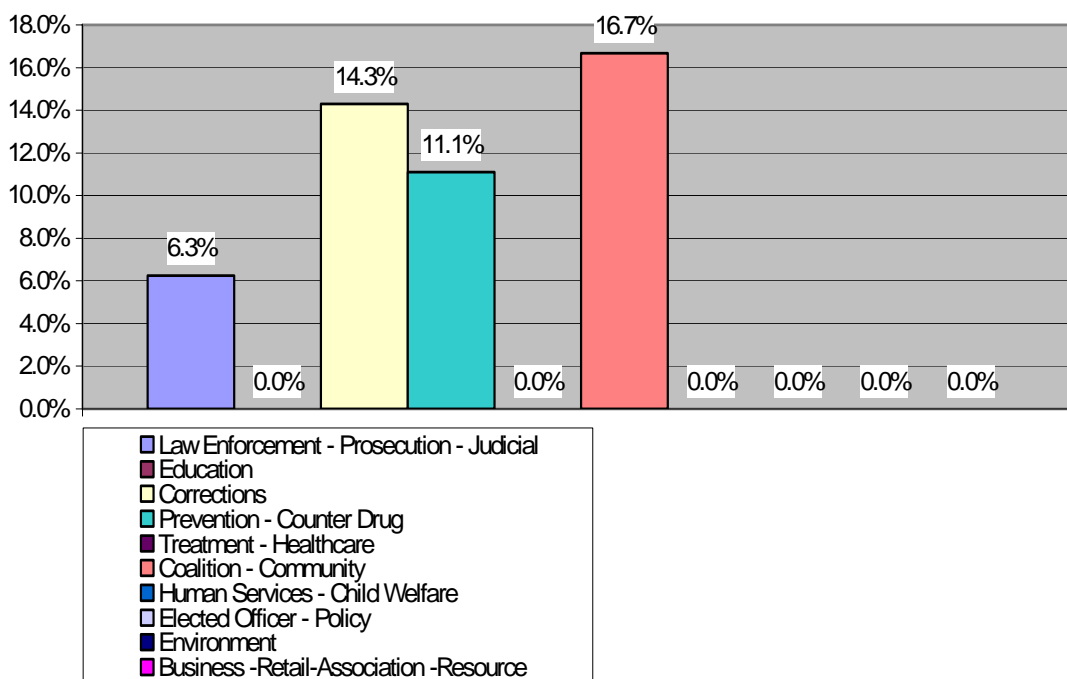


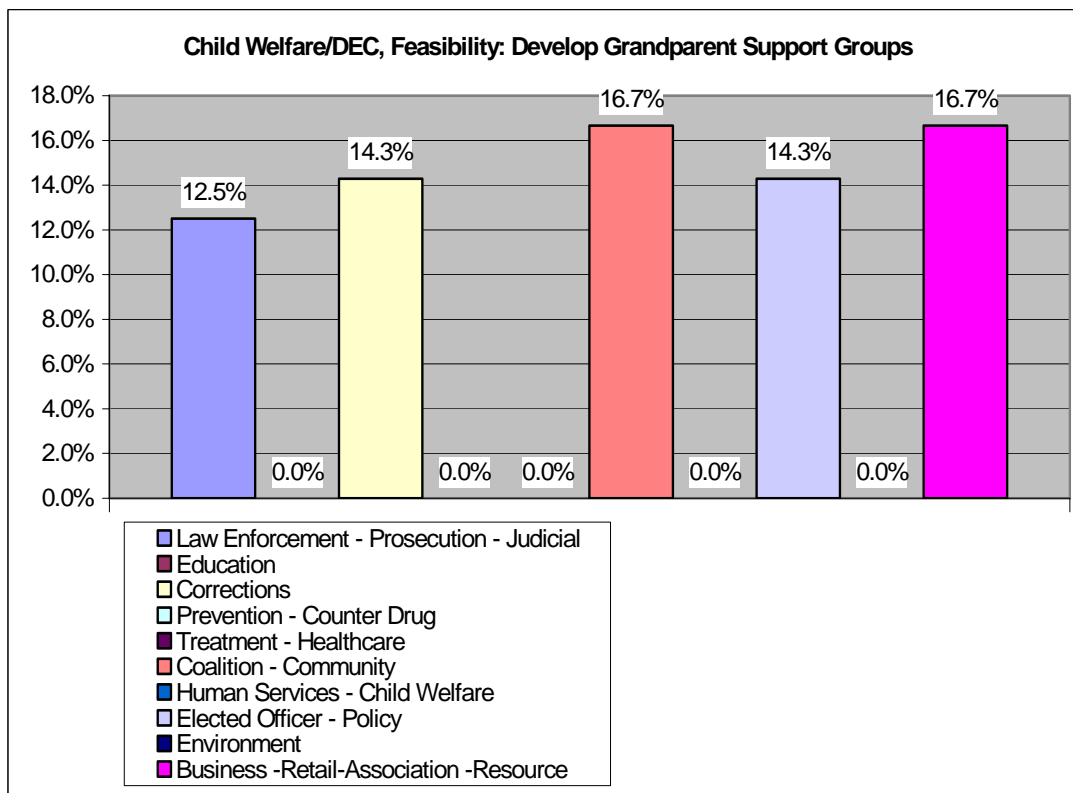
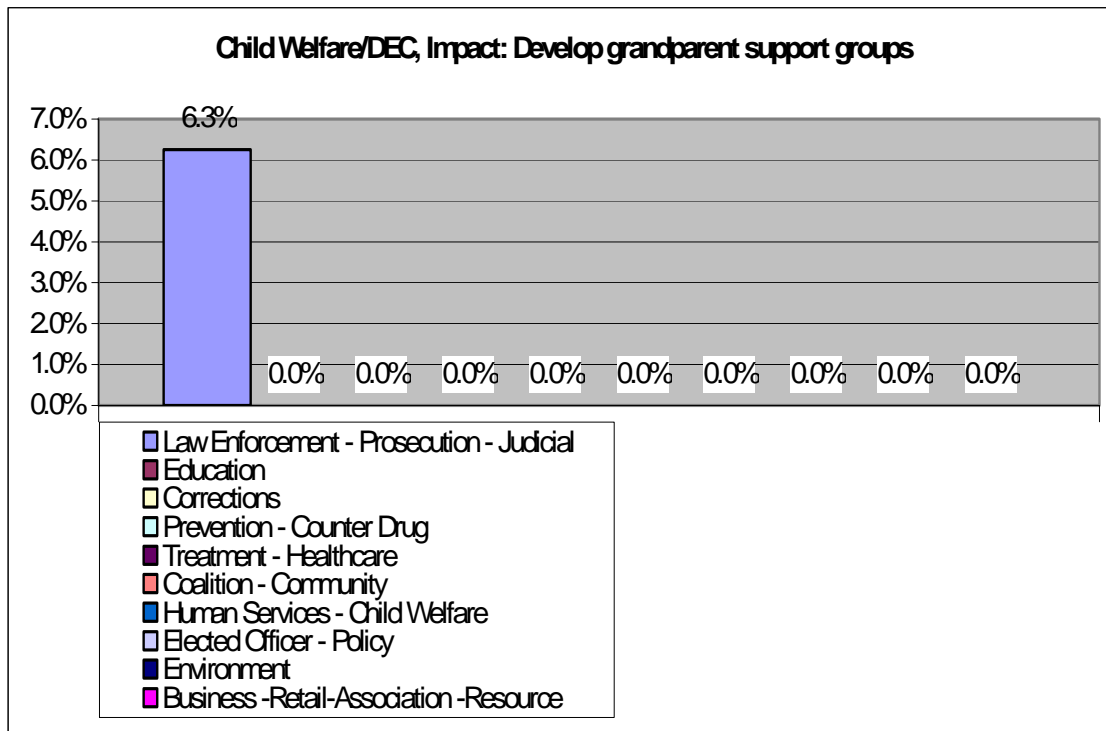


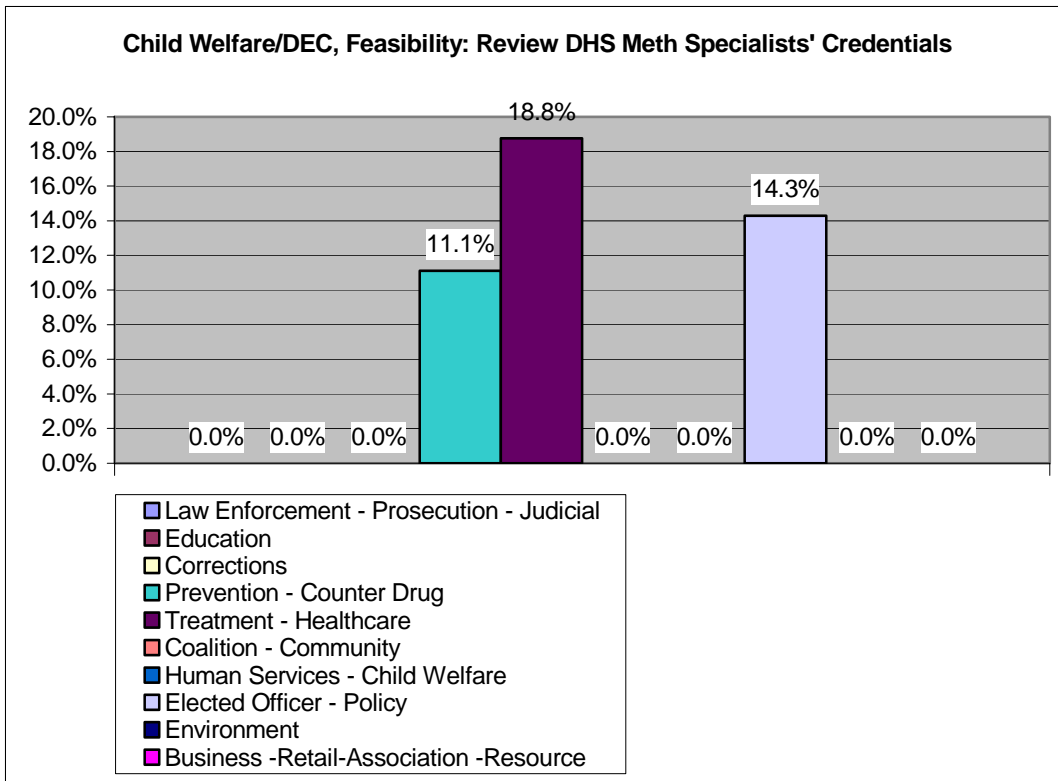
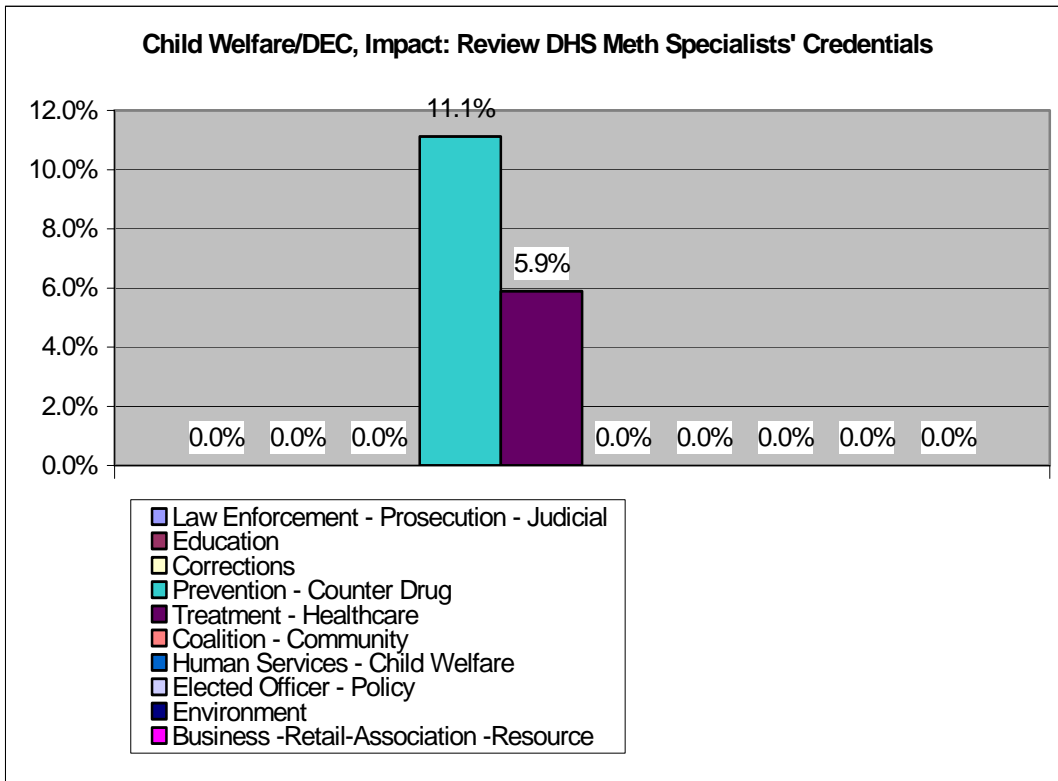
Child Welfare/DEC, Impact: Change Laws to Eliminate Confidentiality Issues



Child Welfare/DEC, Feasibility: Change Laws to Eliminate Confidentiality Issues







Attachment E

Treatment, Jail-Based Programming and Reintegration/Habilitation

Barriers

- Lack of understanding of the effectiveness of treatment
 - Policy makers and law enforcement need to consider treatment as an alternative to incarceration
- Need to create laws/policy/regulations to mandate diversion of “addicted” individuals to treatment
- Lack of community-based services/follow-up for post treatment/incarceration
- Vocational training/Job placement after treatment
- Making this a public health priority
- Disjointed funding sources – county pays for mental health, state pays for corrections
- No uniformity in treatment protocols
- Lack of emphasis on meth addiction (it’s different from other addictions)
- Lack of funding
- Economic decline
- Lack of aftercare and re-entry programs
- Lack of organizations that address all those needs
- Length of stay in treatment is too short
- Inability to enforce/change laws so that they are more effective
- Lack of good data related to the effectiveness of treatment
- Parity for treatment and mental health
- Confusion over what works re: specialization, length of time
- Poor employment wage earning opportunity
- Lack of “family unit” counseling
- Gender specific treatment – women: trauma issues, body image/men: power, control
- Lack of long-term treatment – ½ way, ¾ way, etc.
- Lack of coordination (DHS – Substance Abuse providers)
- Lack of good assessment concerning dual diagnosis and mental health - \$ for meds
- Lack of physical health assessment and treatment meds
- Lack of services for those wanting treatment – who will care for children, who will pay bills, child support
- Low pay for substance abuse professionals – attrition of good counselors to higher paying jobs

Critical Issues

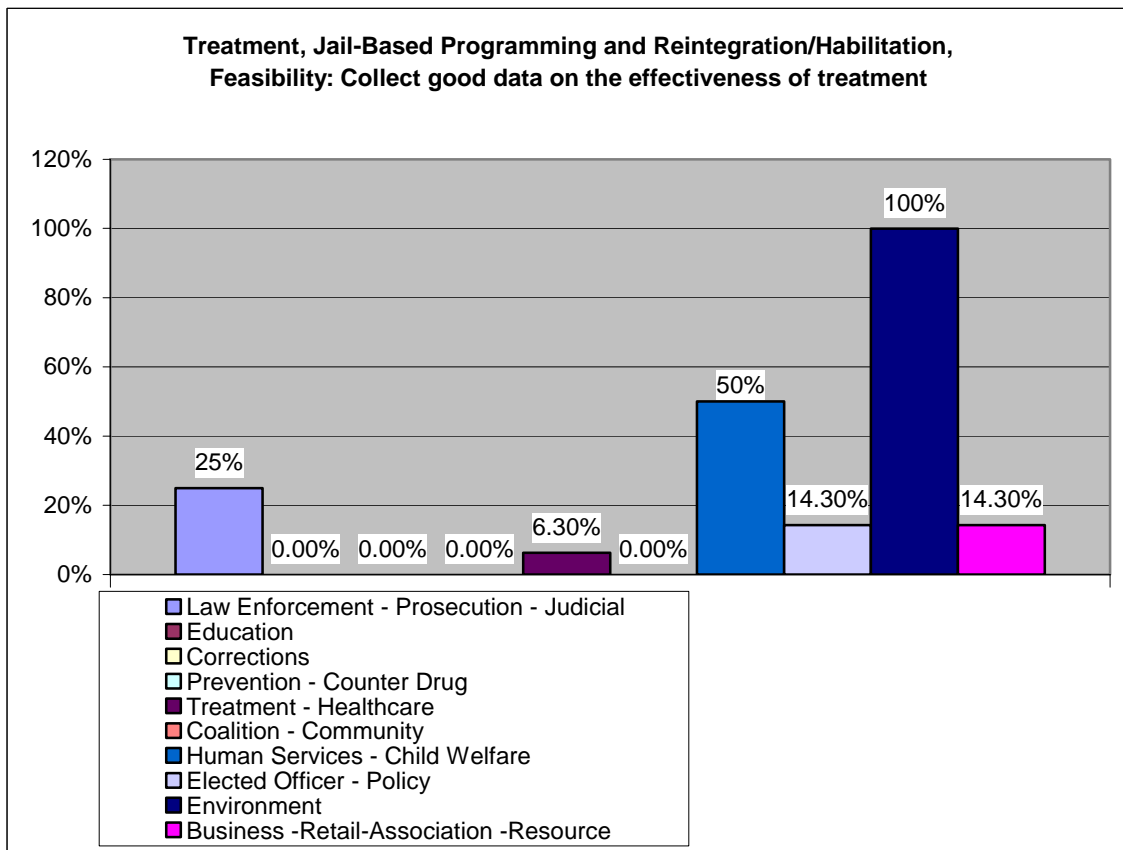
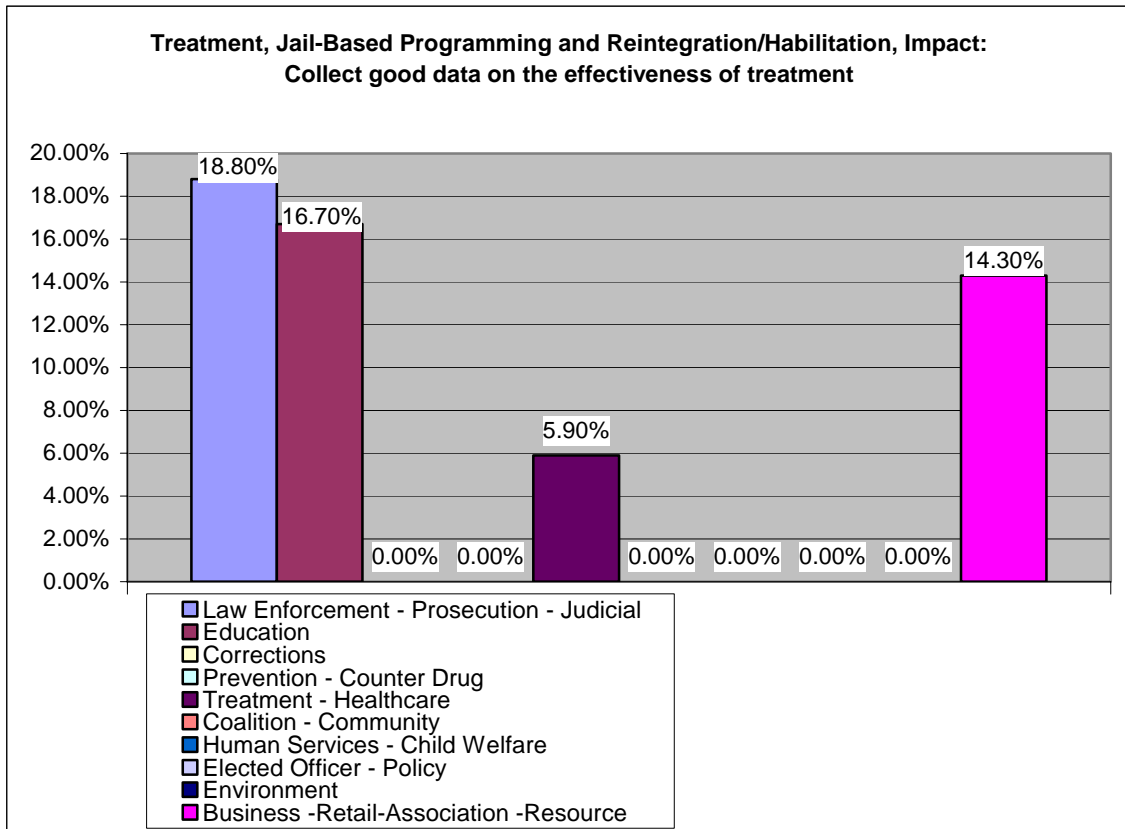
- Family reunification, employment as well as other family needs (housing, parenting skills need to be part of complete treatment – barrier also)
- Addressing treatment that takes into account children (fast tracking)
- Access to treatment
- Problems created with stigma of drug use/need for community support and friendly environment
- Longer term treatment
- No meth specific treatment
- Confidentiality – HIPAA and 42CFR
- Lack of personnel and funding
- Lack of common consensus and communication among various partners

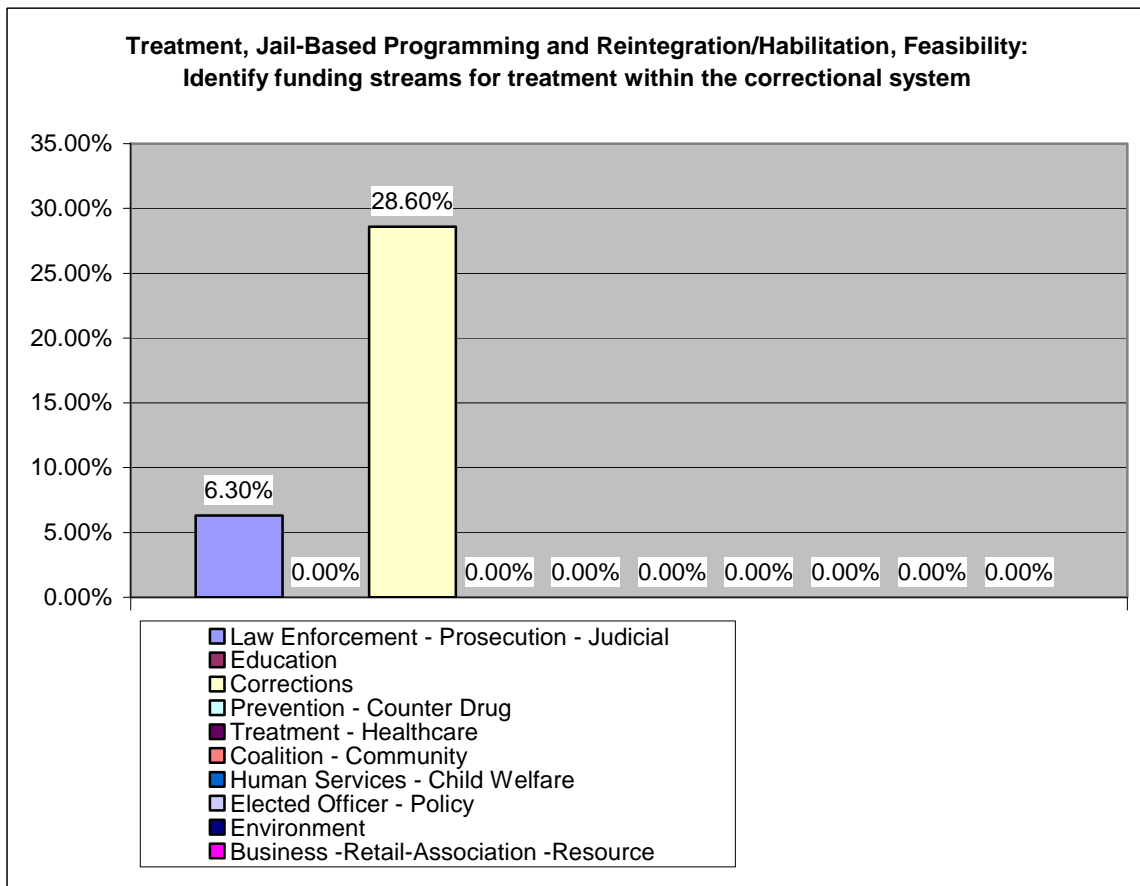
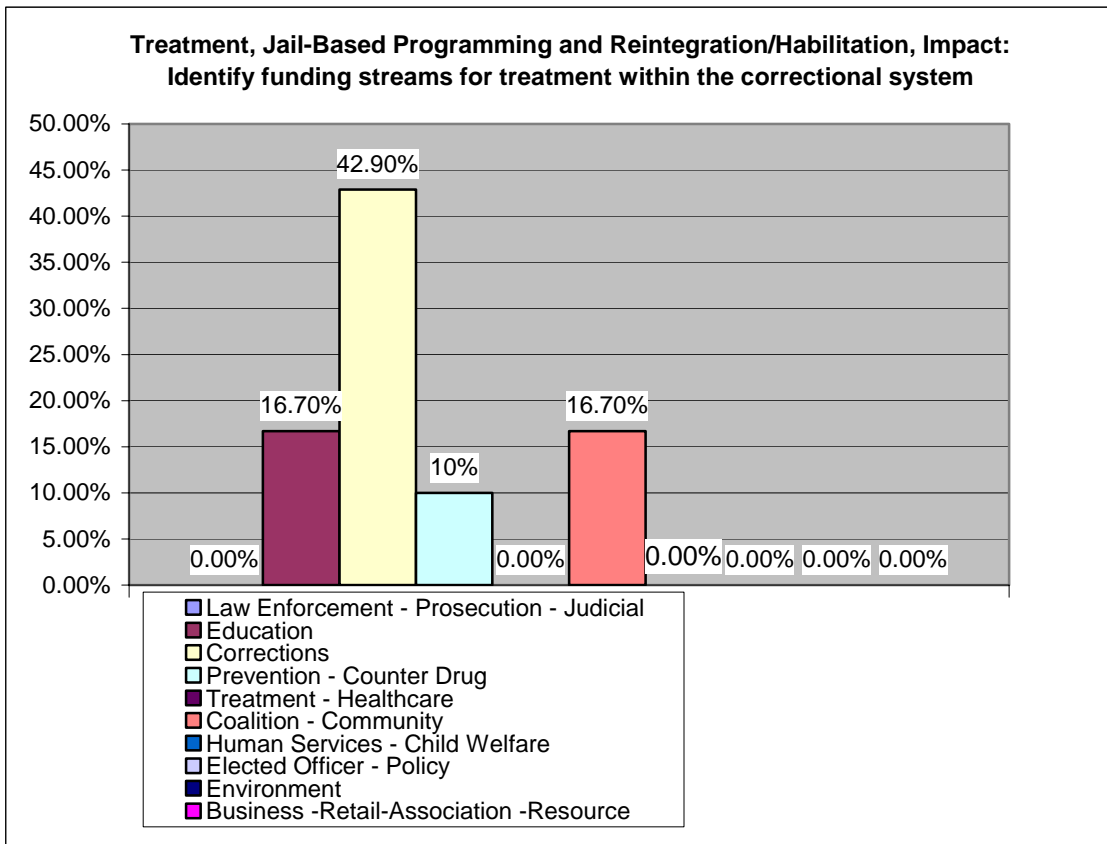
Collaboration

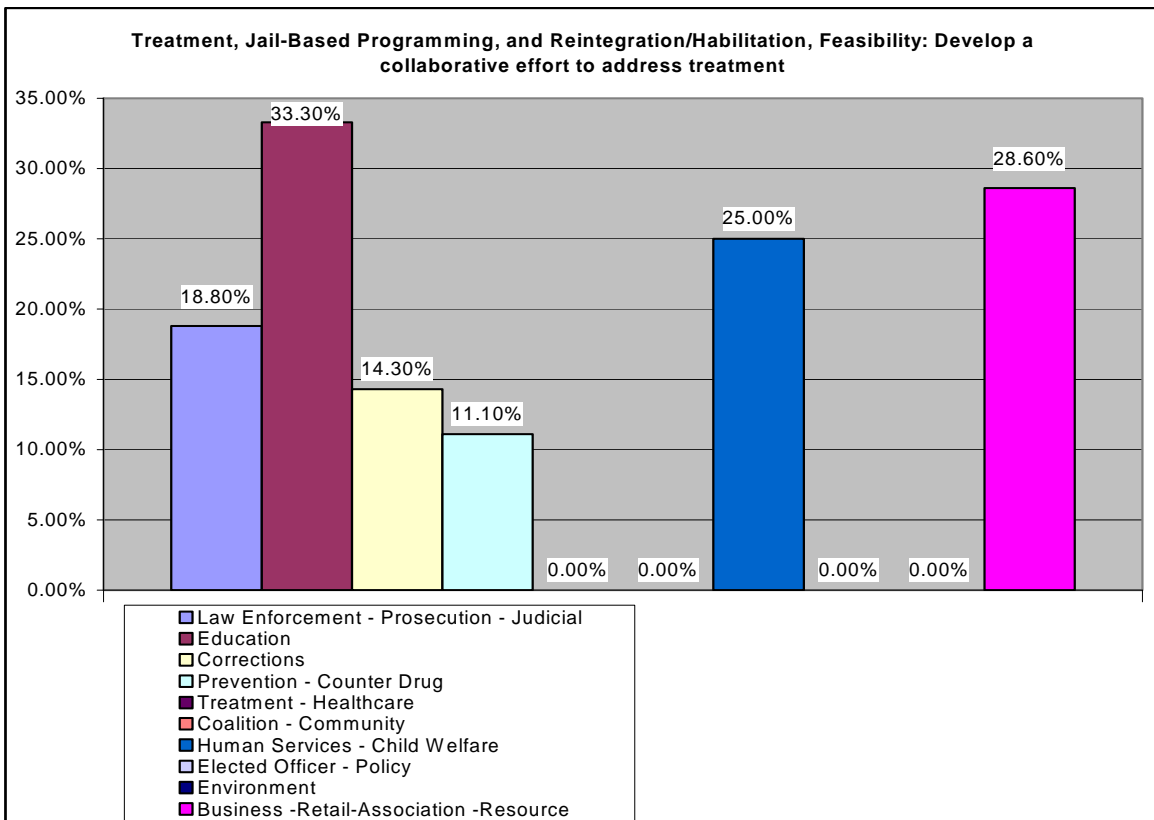
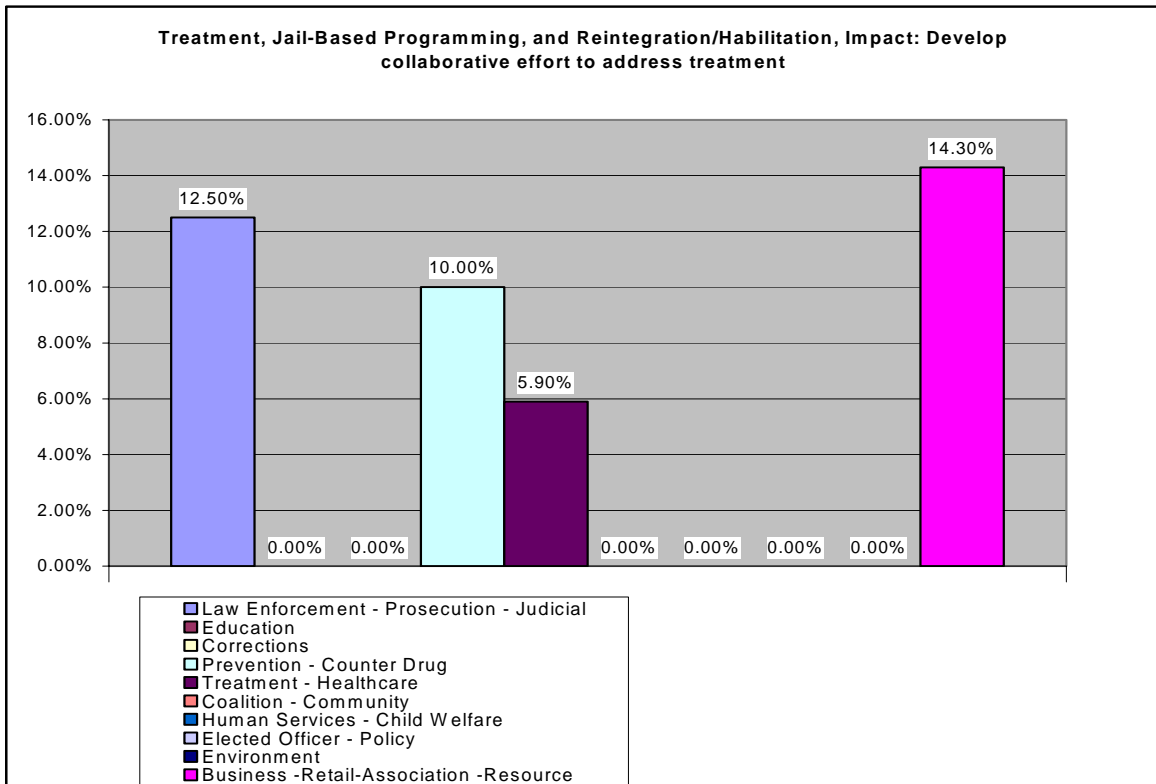
- Communication and information sharing among groups
- Common philosophy regarding assessment/treatment at point of arrest
- Continuity – to avoid continually starting over
- Outcomes of drug testing would be shared among those with a need to know
- Excellent case management – referrals, assessing needs – waiting lists
- Total collaboration with all providers: DHS, Tx, etc.
- Ongoing after care, support groups
- Advocates to help at treatment – pre incarceration
- Change in state laws as to who qualifies for “medically needy” – redefine criteria
- Collaboration between physical and mental health treatment providers
- Faith based communities

Key Actions

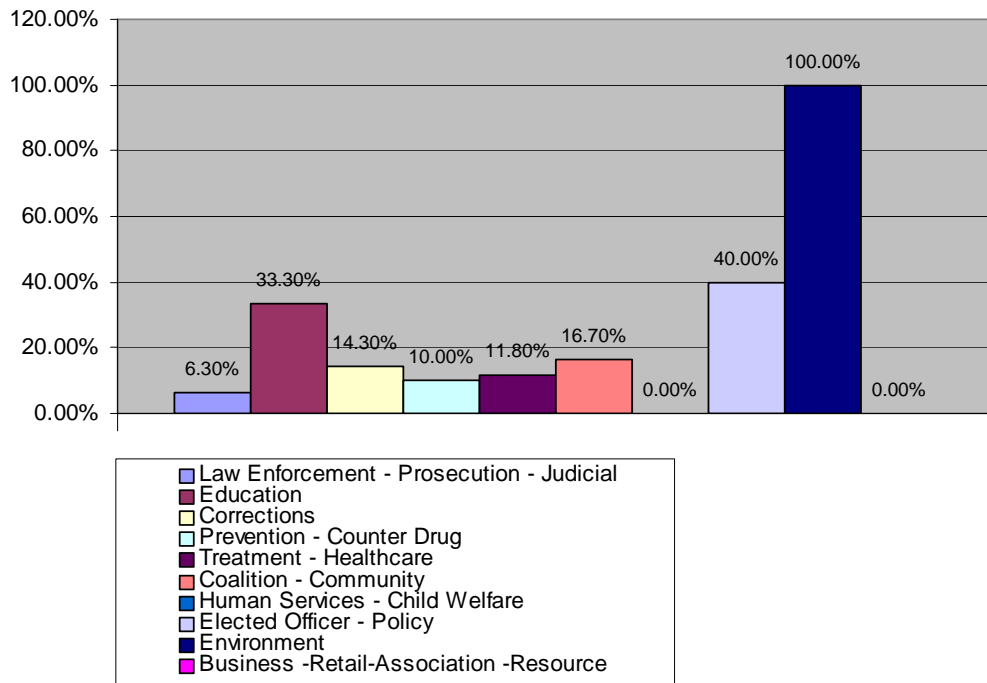
- Empower Governor’s office to:
 - Create protocols
 - Coordinate funding sources
 - Coordinate grant writing
- Tax breaks for employees who are recovering addicts – but is this a consistent message with other messages (no financial aid, voting when in system)??
- Fast track chemically dependent parents into treatment when parental rights are impacted.
- Increase resources and training for treatment providers to improve effectiveness
- Link economic development through tax incentives to:
 - Insurers to offer substance abuse treatment
 - Employers to hire those who have completed treatment
- Refine Confidentiality
 - Remove barriers to information sharing by relevant entities – universal release form
- Provide decision and policy makers with complete and accurate information upon which to make decisions and develop policies
- Bring together stakeholders to share available data and develop consensus on a comprehensive approach to meth issues
- Provide more halfway houses to assist treatment clients in overcoming barriers, such as transportation
- Recognize the dual issue of meth/drug abuse and mental health as co-occurring disorders
- Advocacy group to address the importance of reentry needs – transportation, housing, employment
- All providers should have “family support” services
- Parole expectations to include family counseling
- Treatment service directors to collaborate on issues
- Education of physicians, nurses, psychiatrists, etc.
- Child reunification and parenting classes and programs
- More high level commitment/agreement to address both SA and MH treatment issues
- PSA’s to educate addiction as a health issue instead of a character issue.
- Involve ex-addicts and offenders as outreach agents to the community.
 - Develop criteria which qualifies outreach agents and oversee with a permanent group



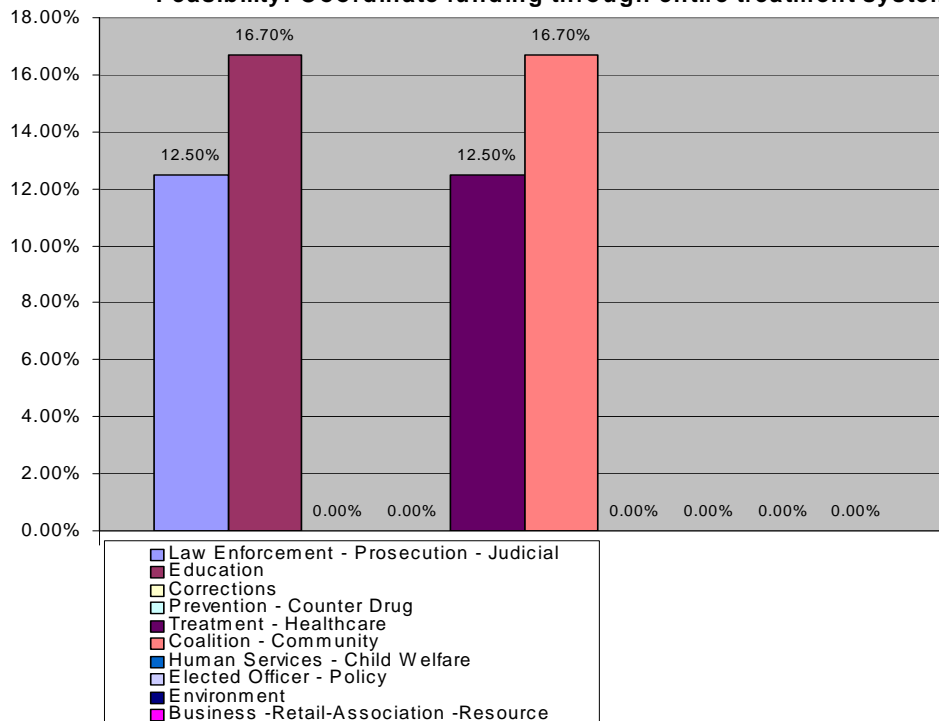


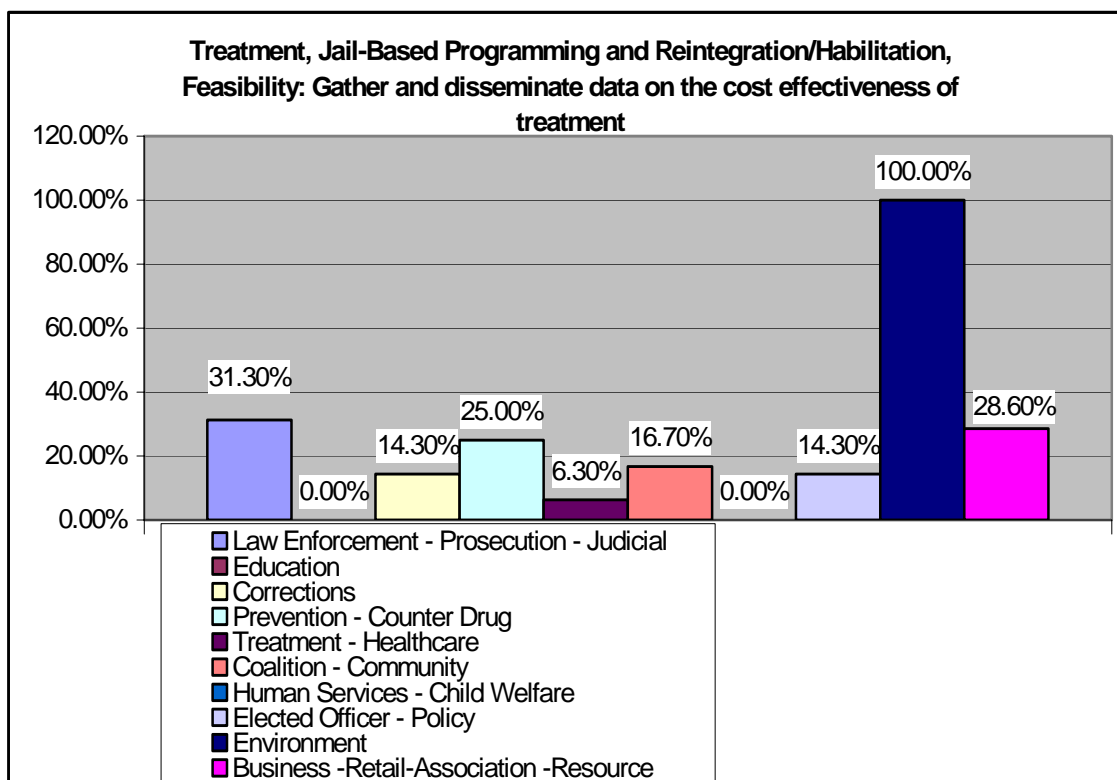
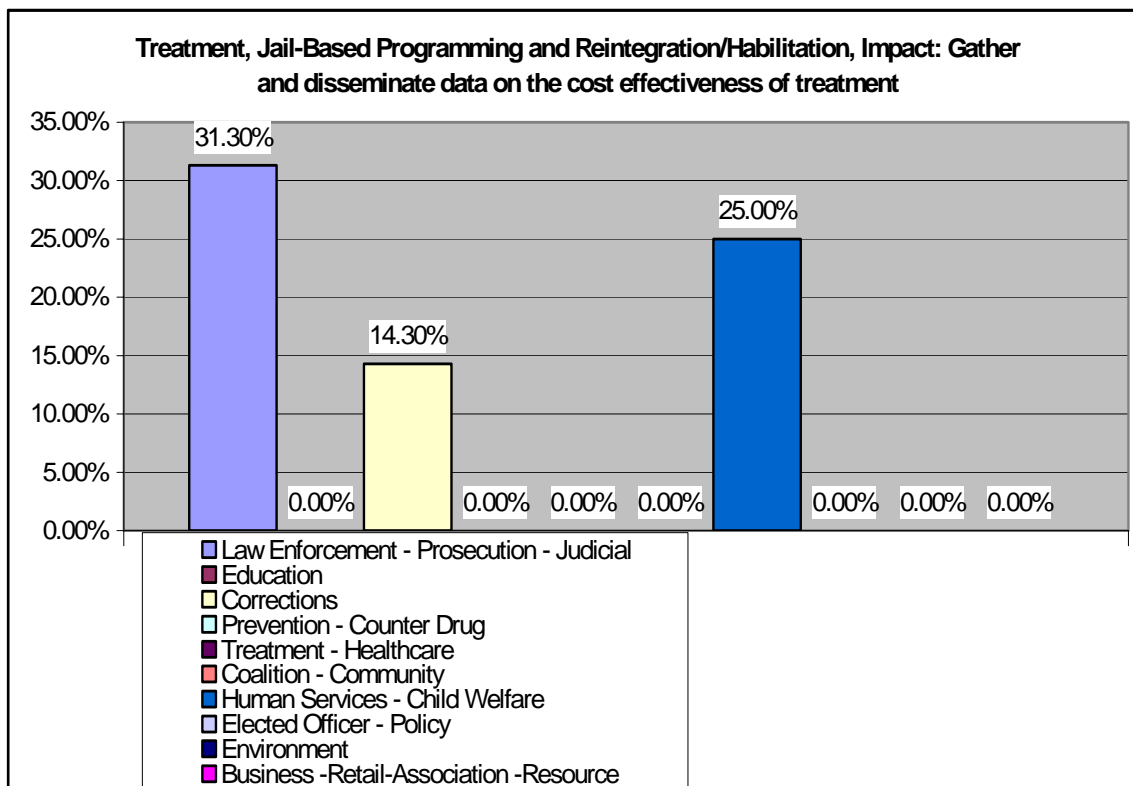


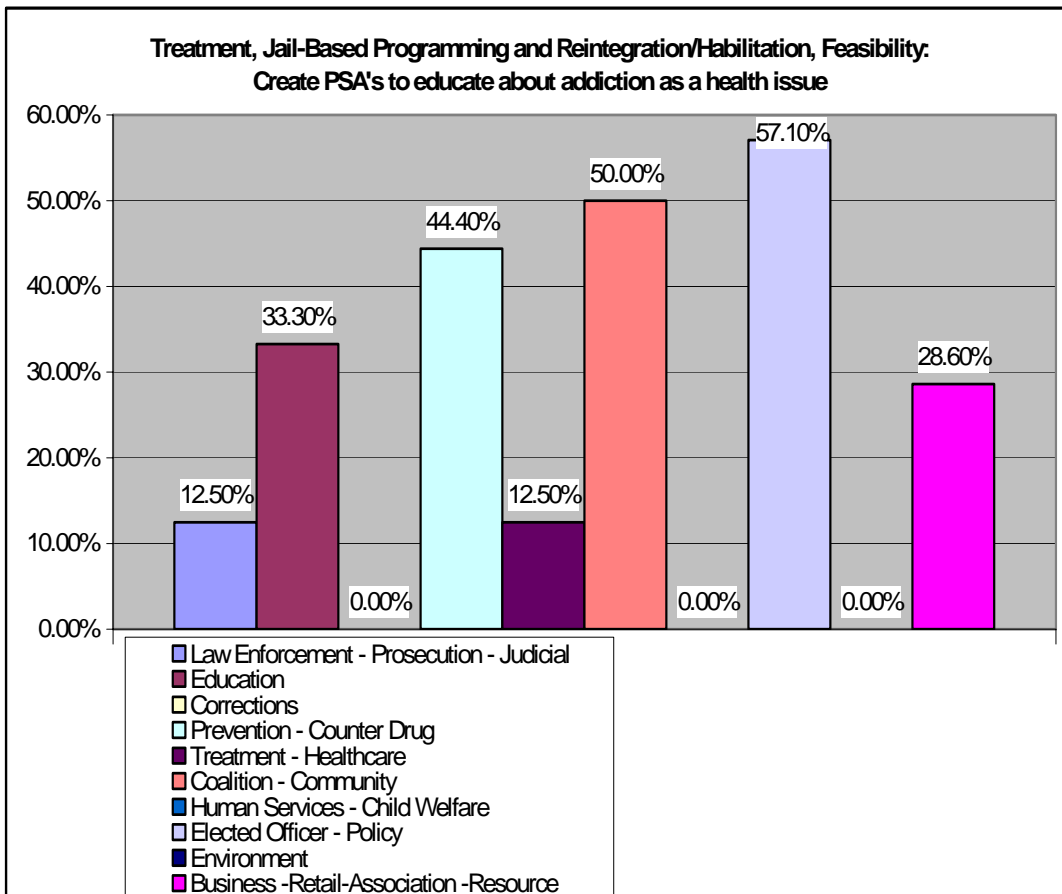
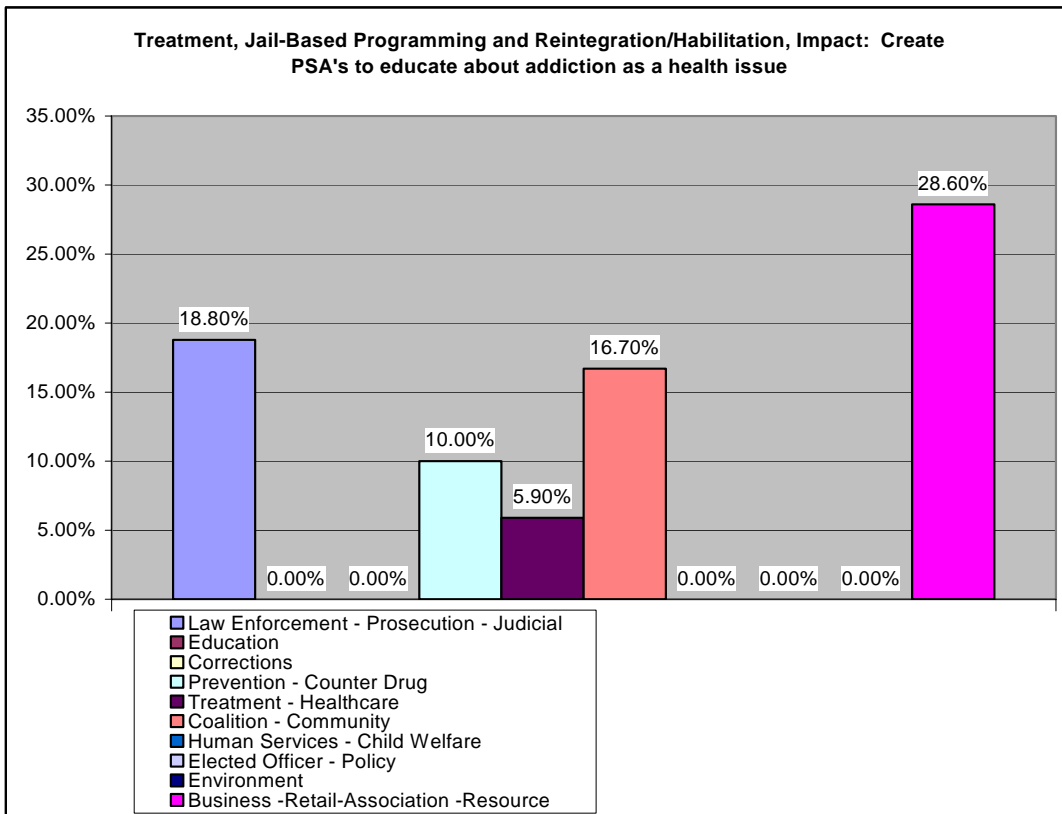
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Impact: Coordinate funding through entire treatment system**

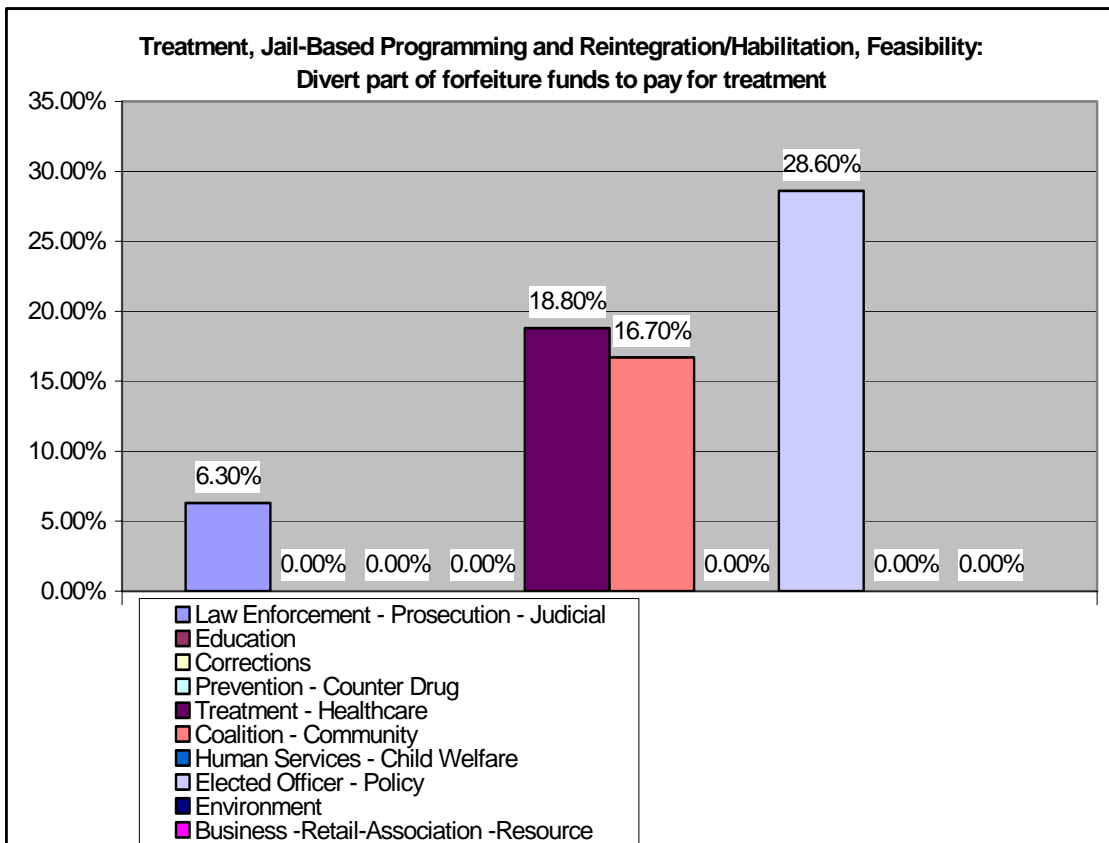
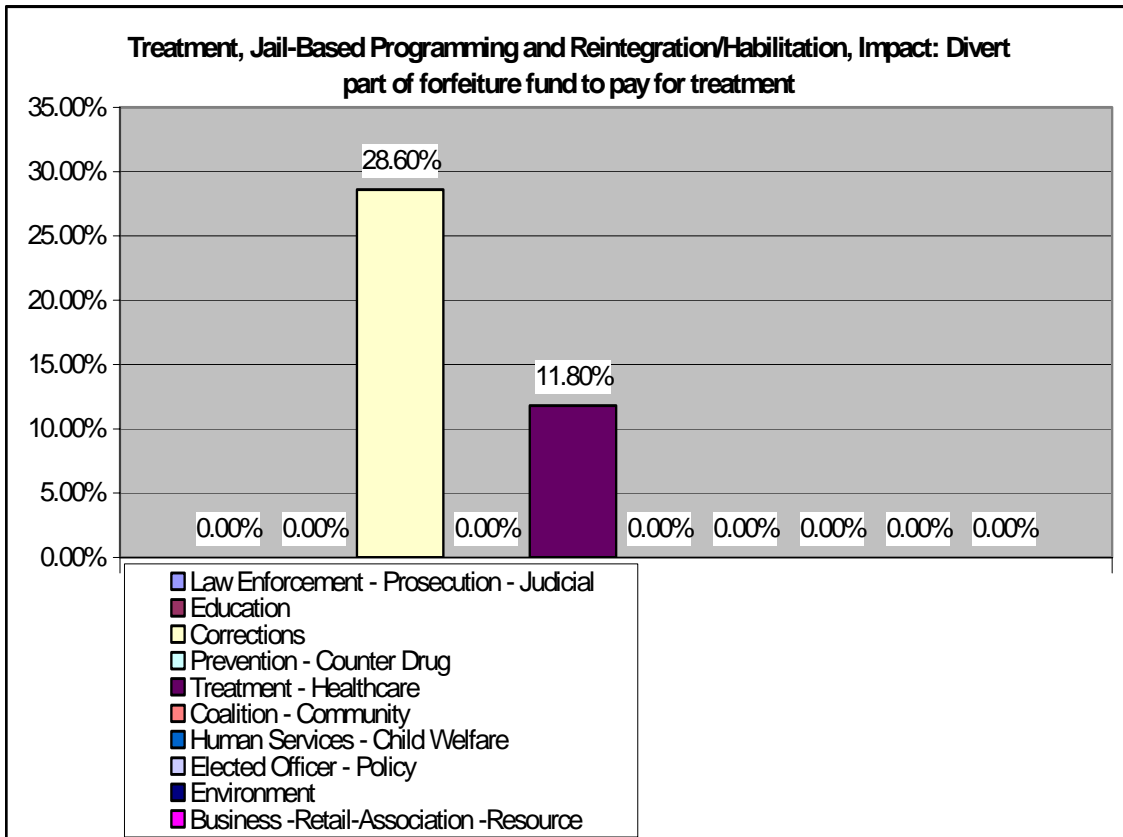


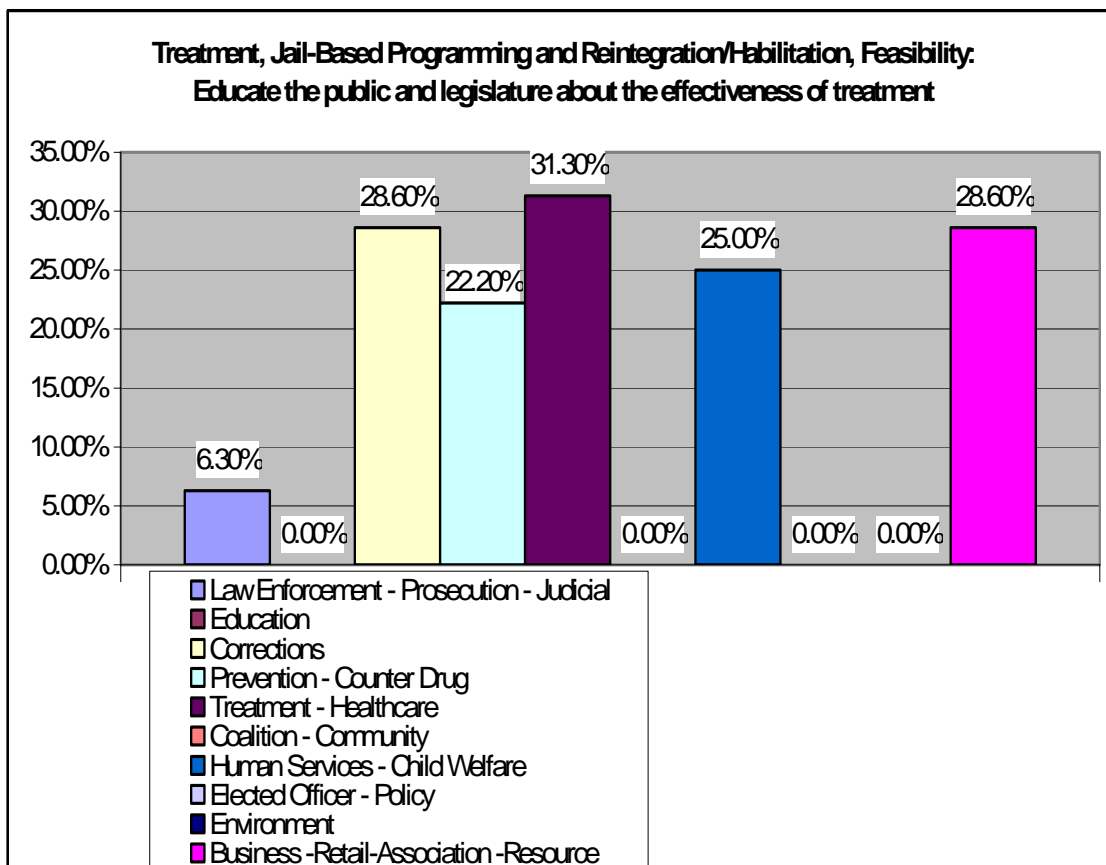
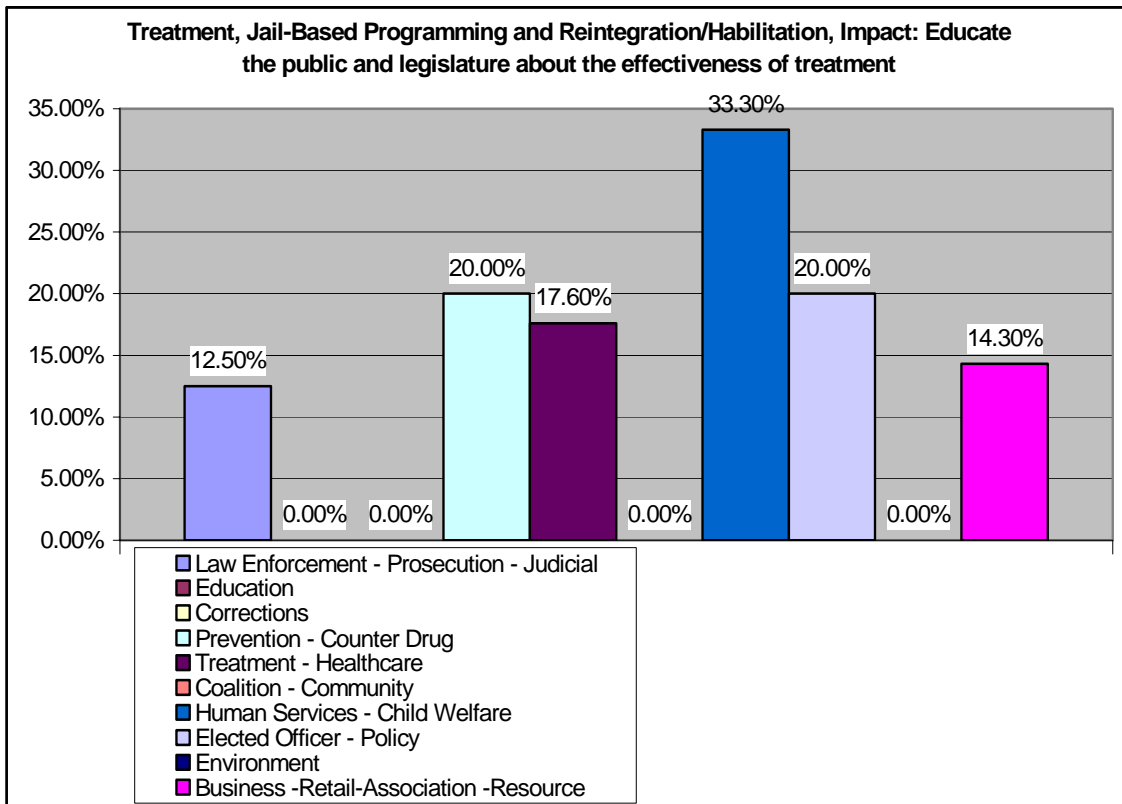
**Treatment, Jail-Based Programming and Reintegration/Habilitation,
Feasibility: Coordinate funding through entire treatment system**

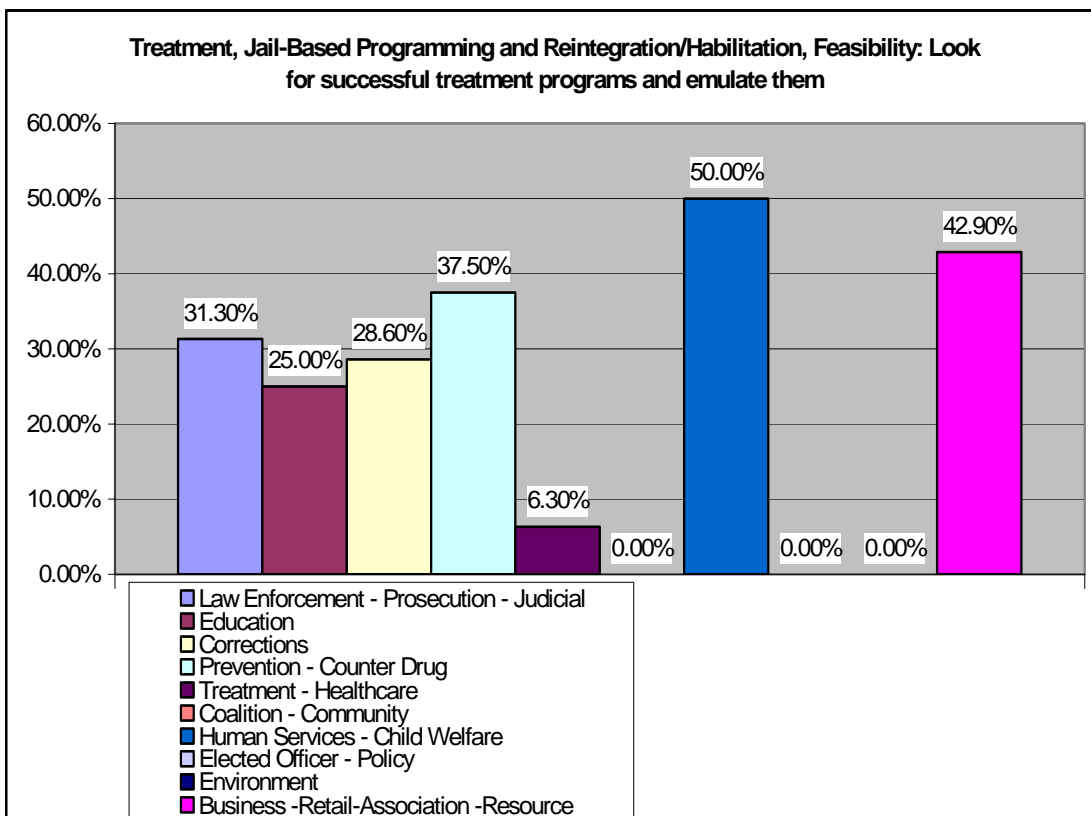
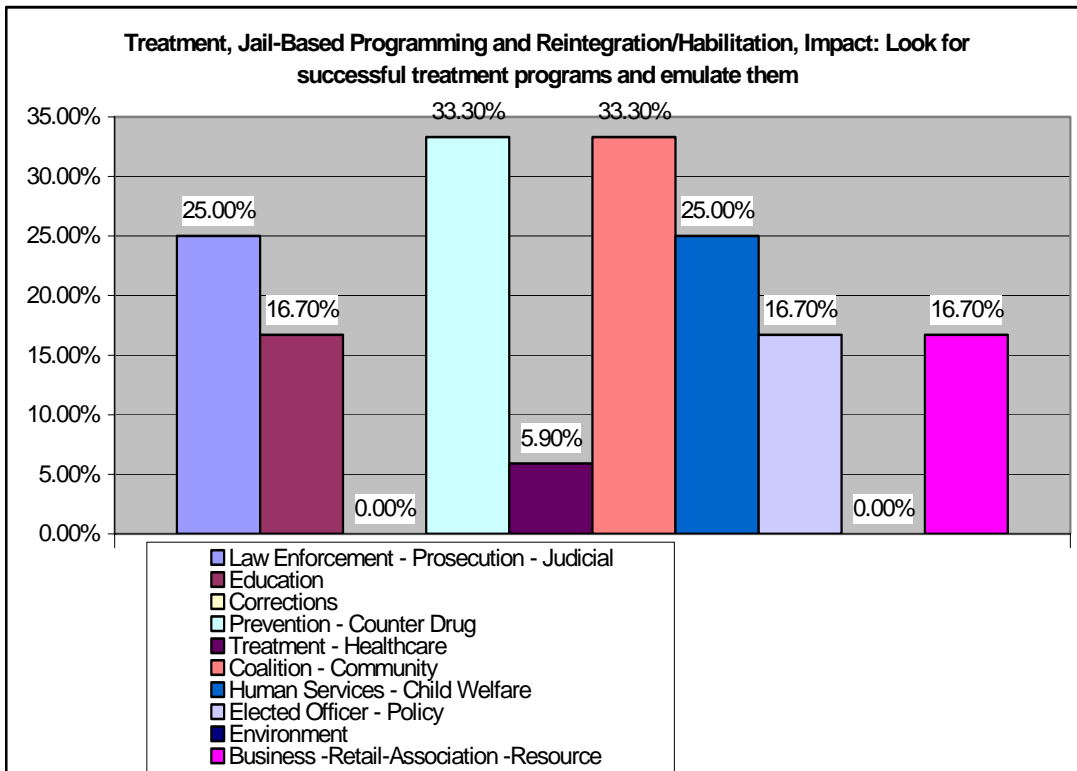


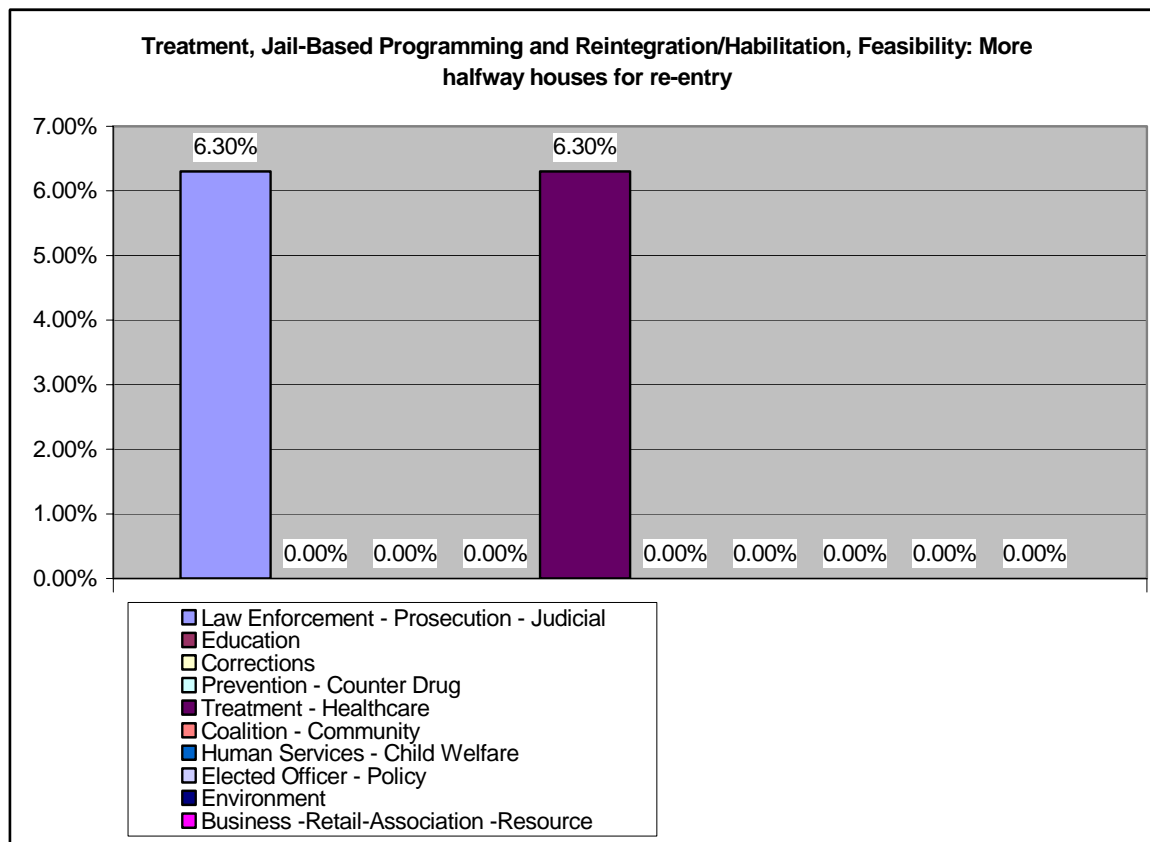
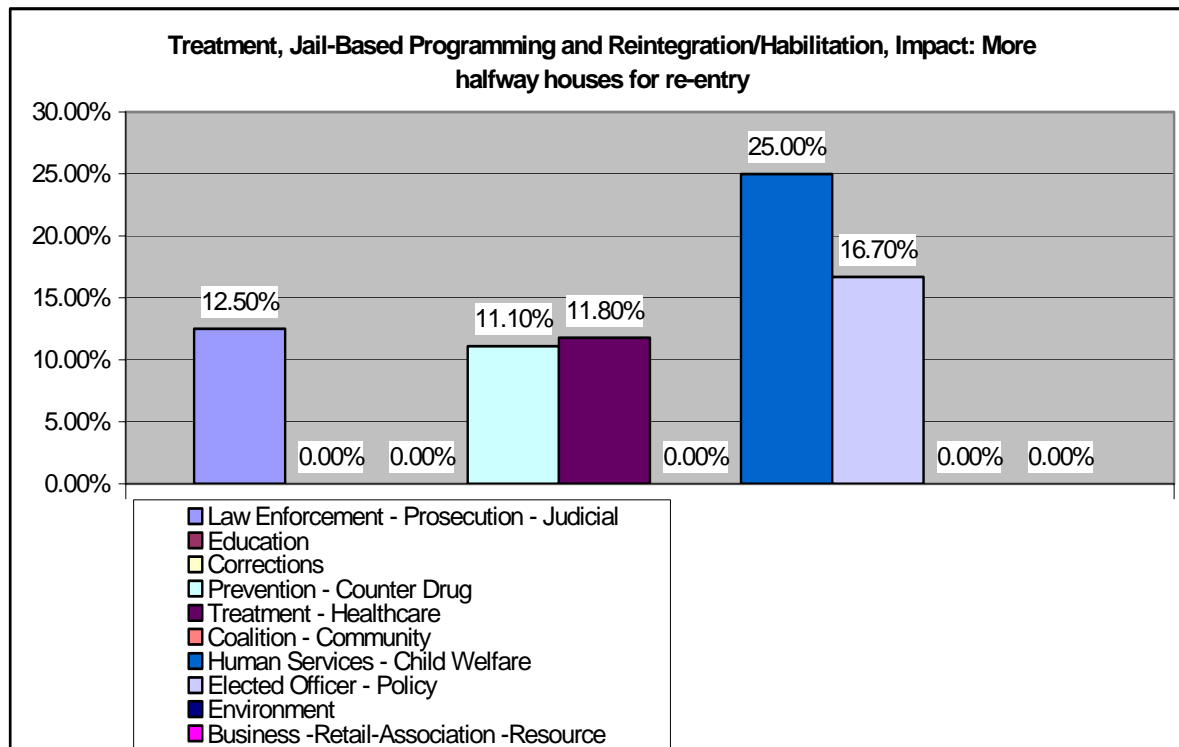


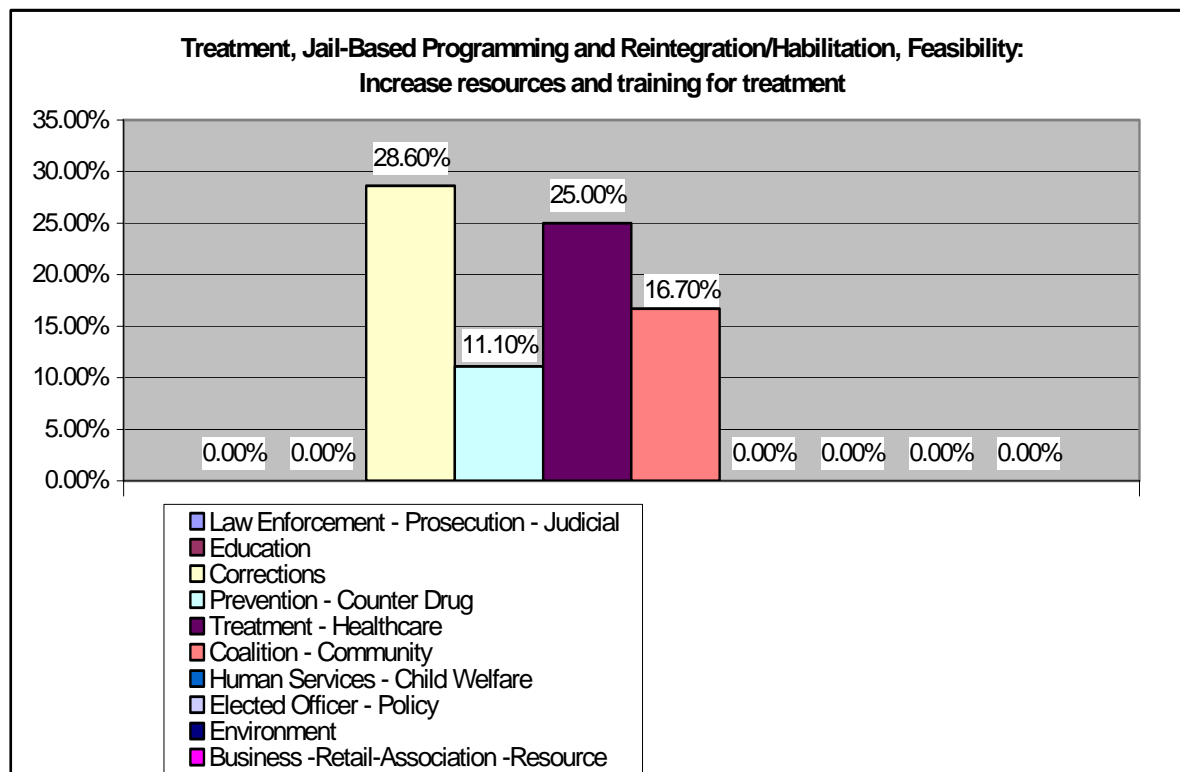
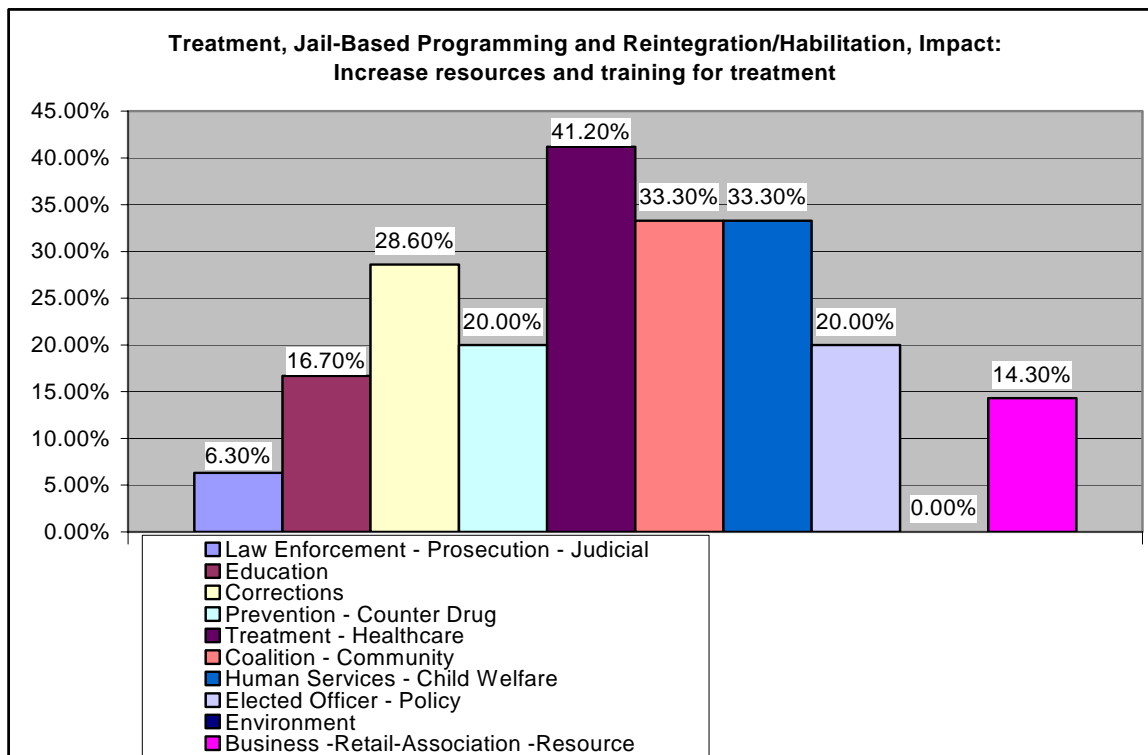


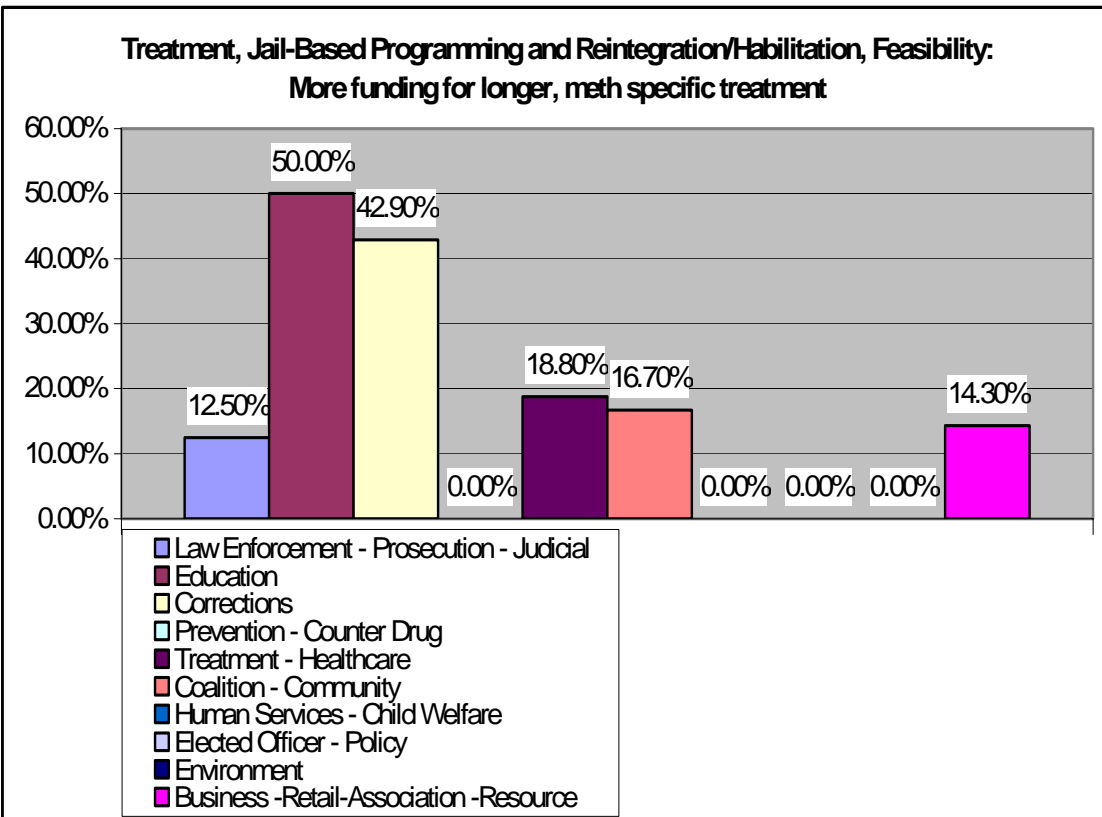
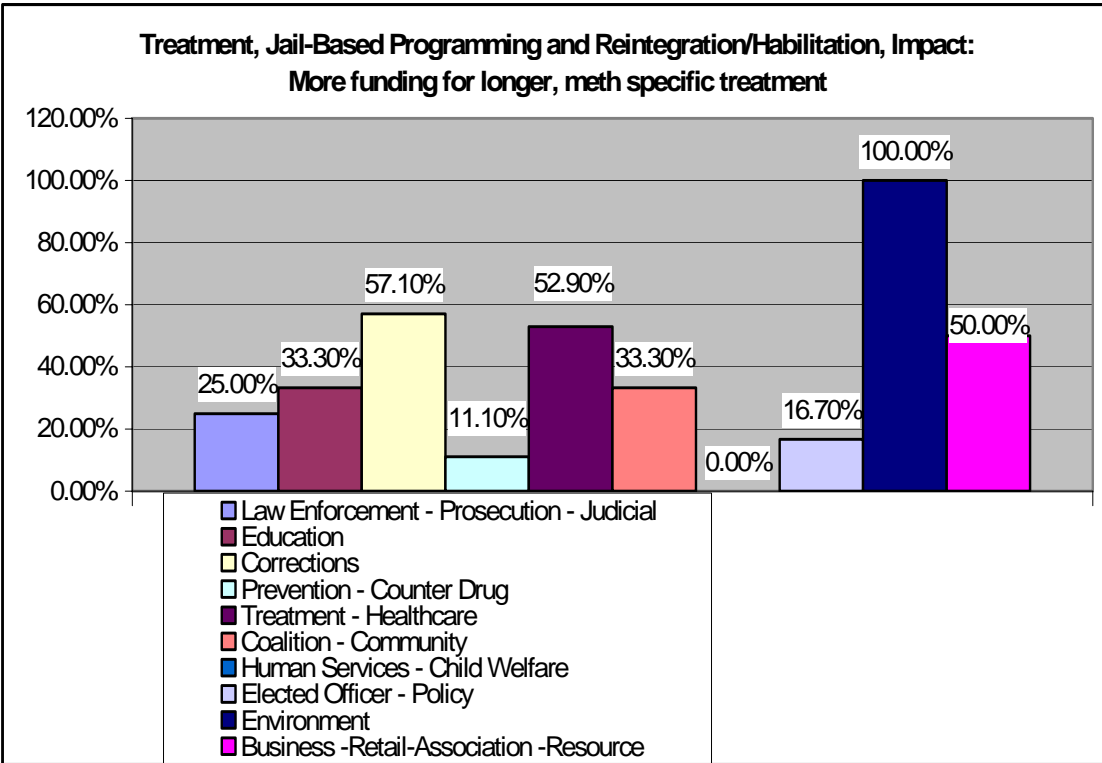


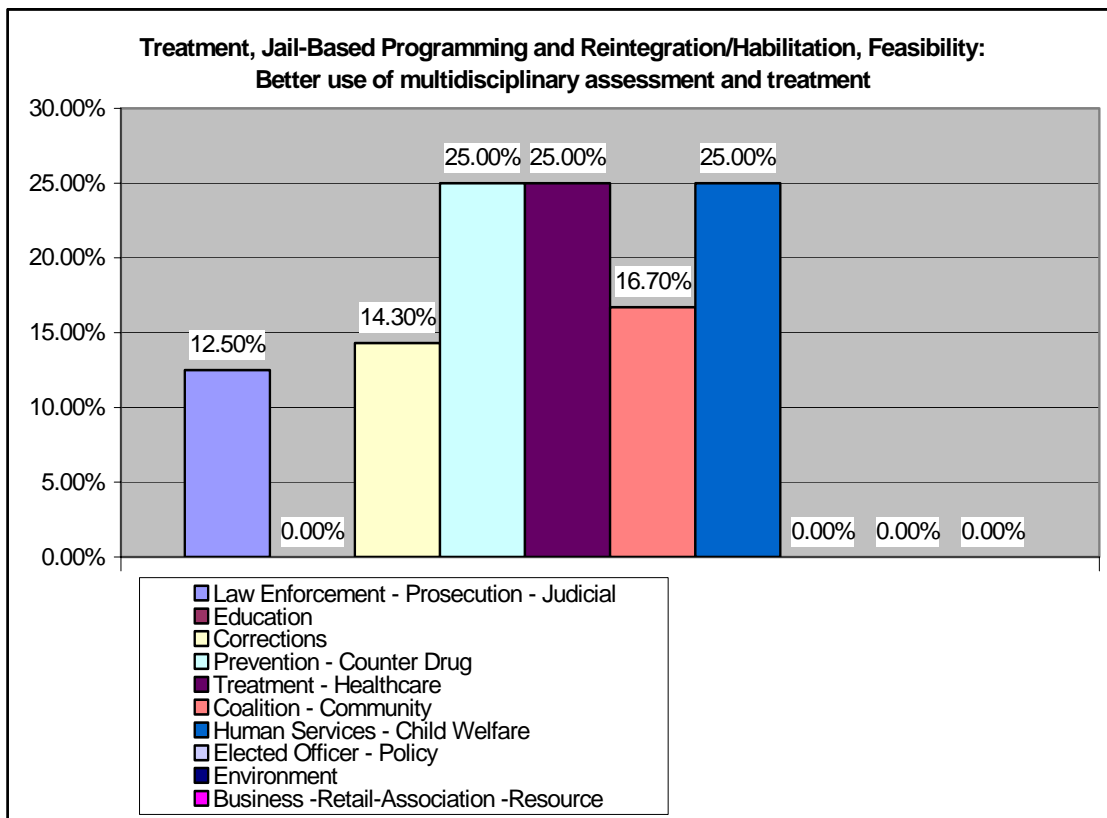
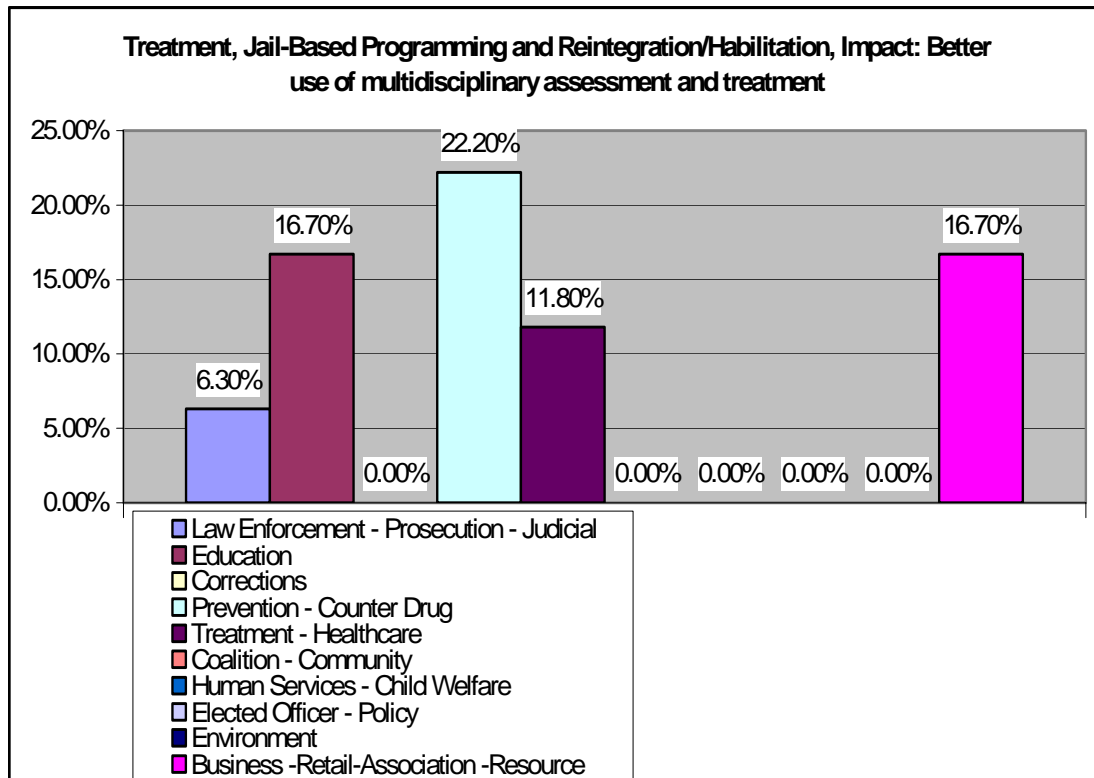


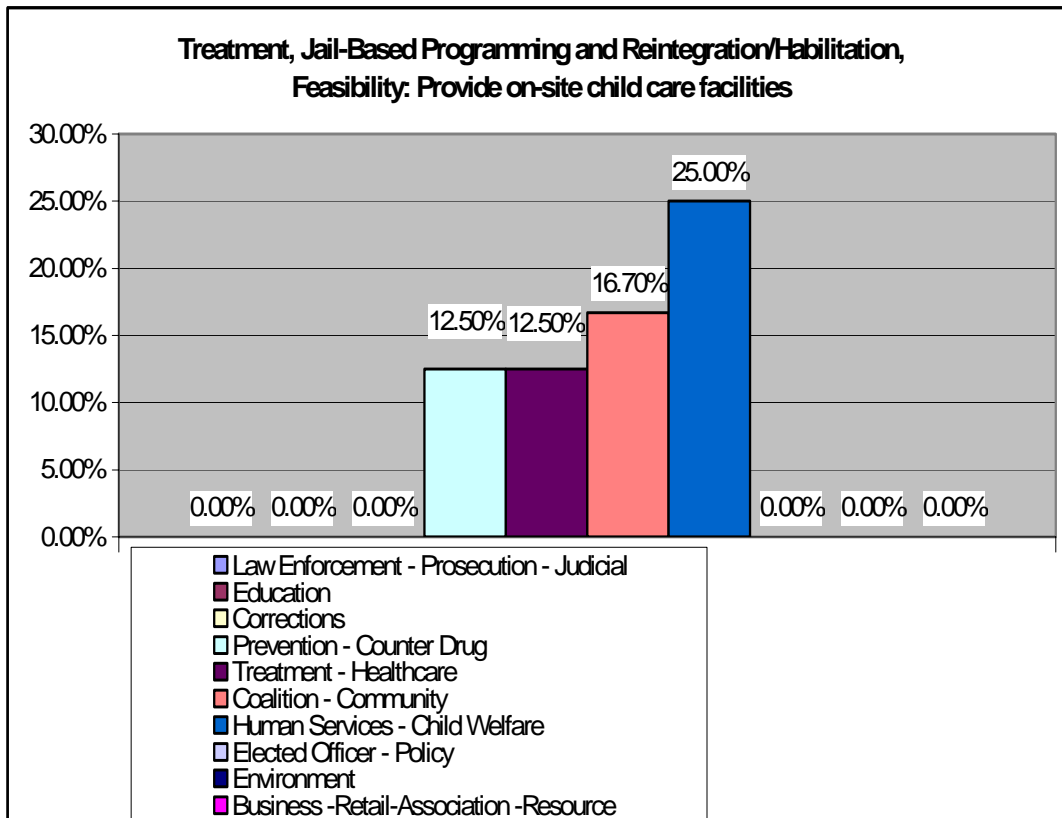
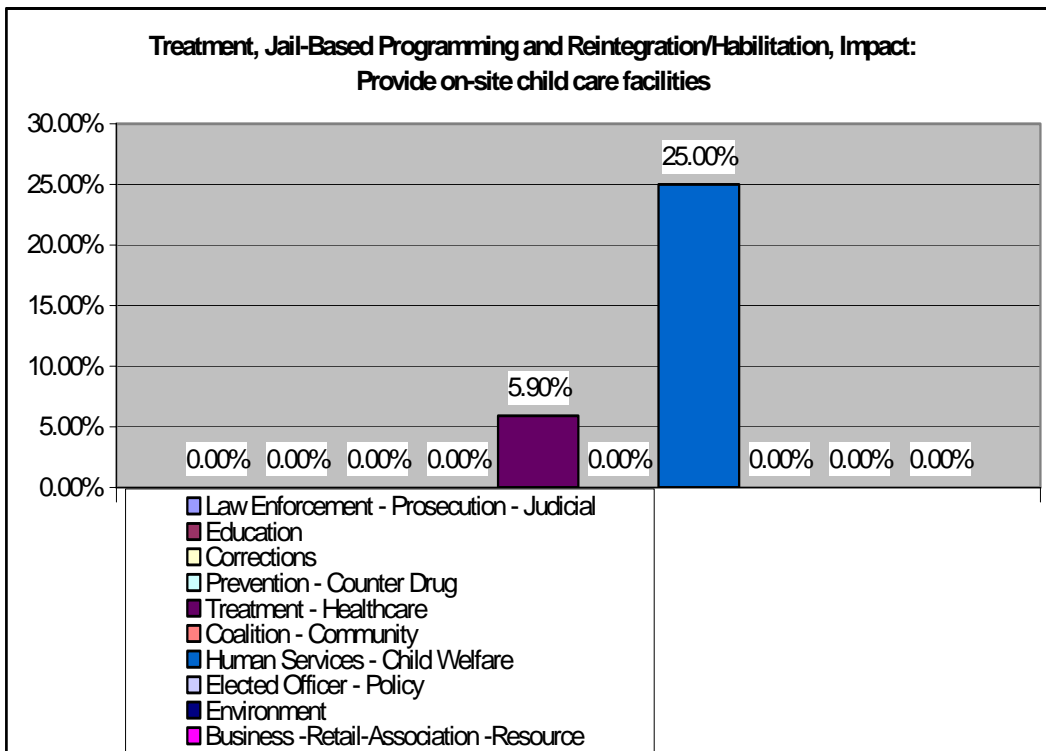


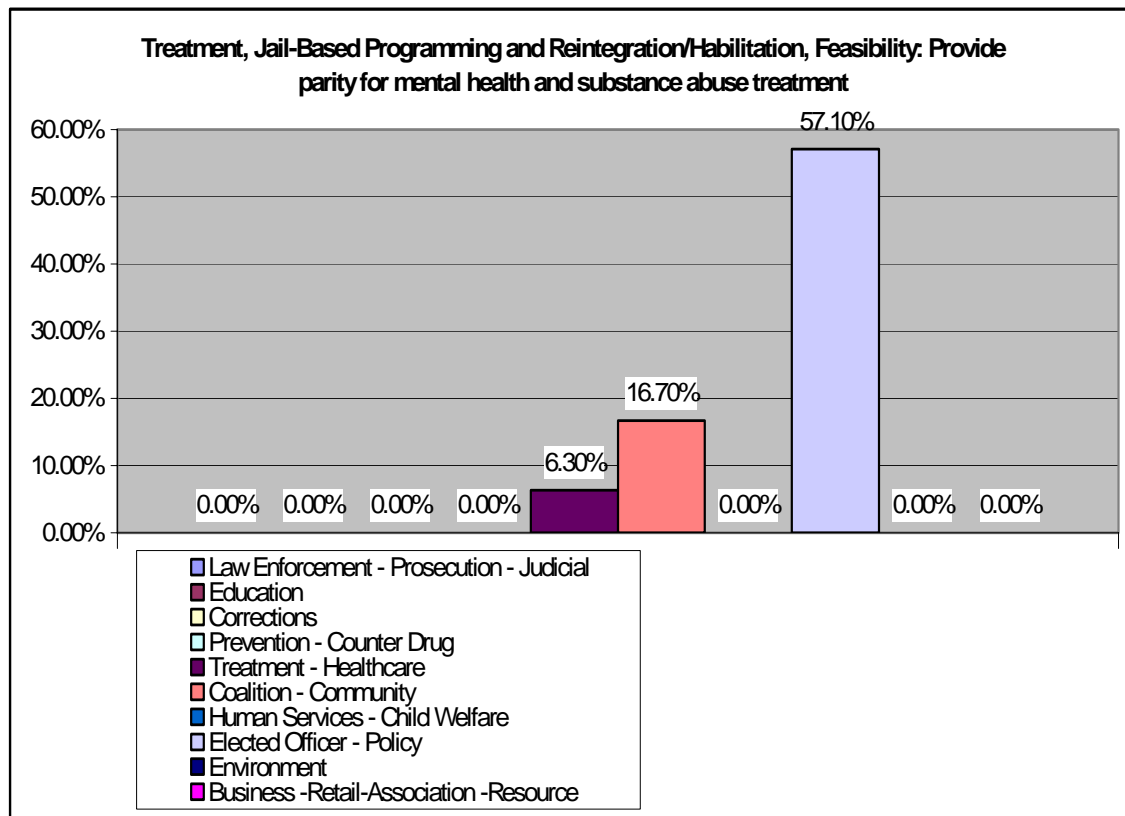
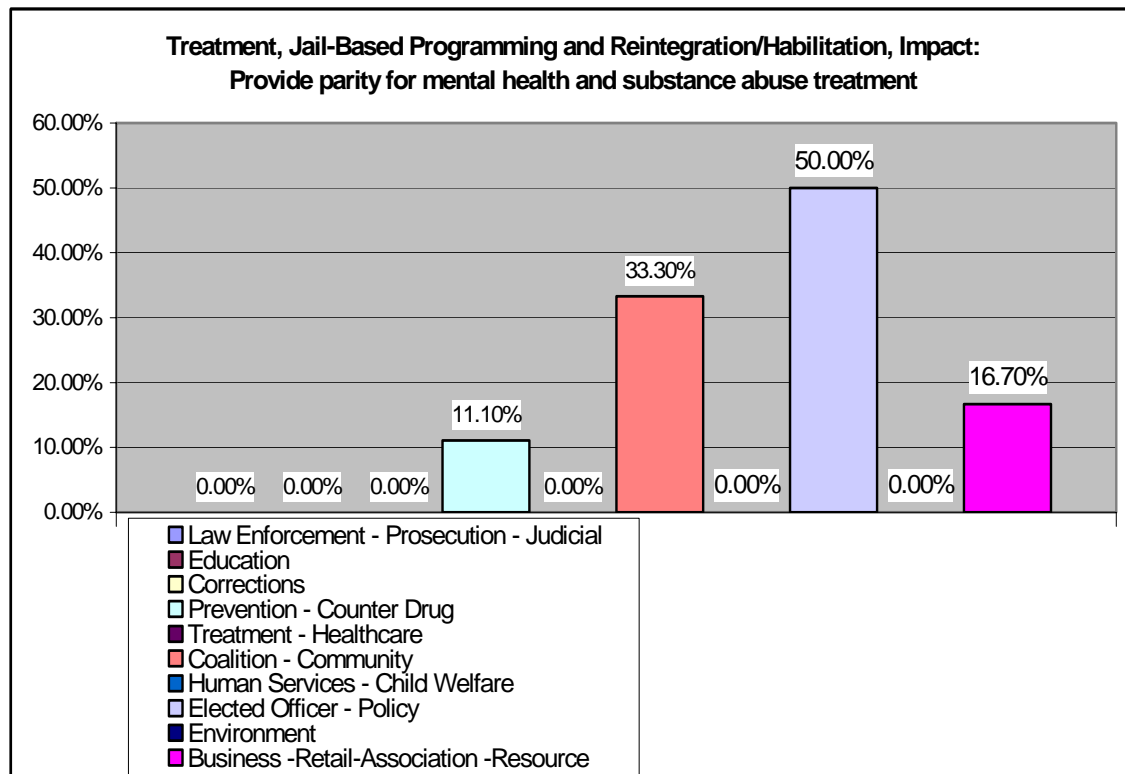


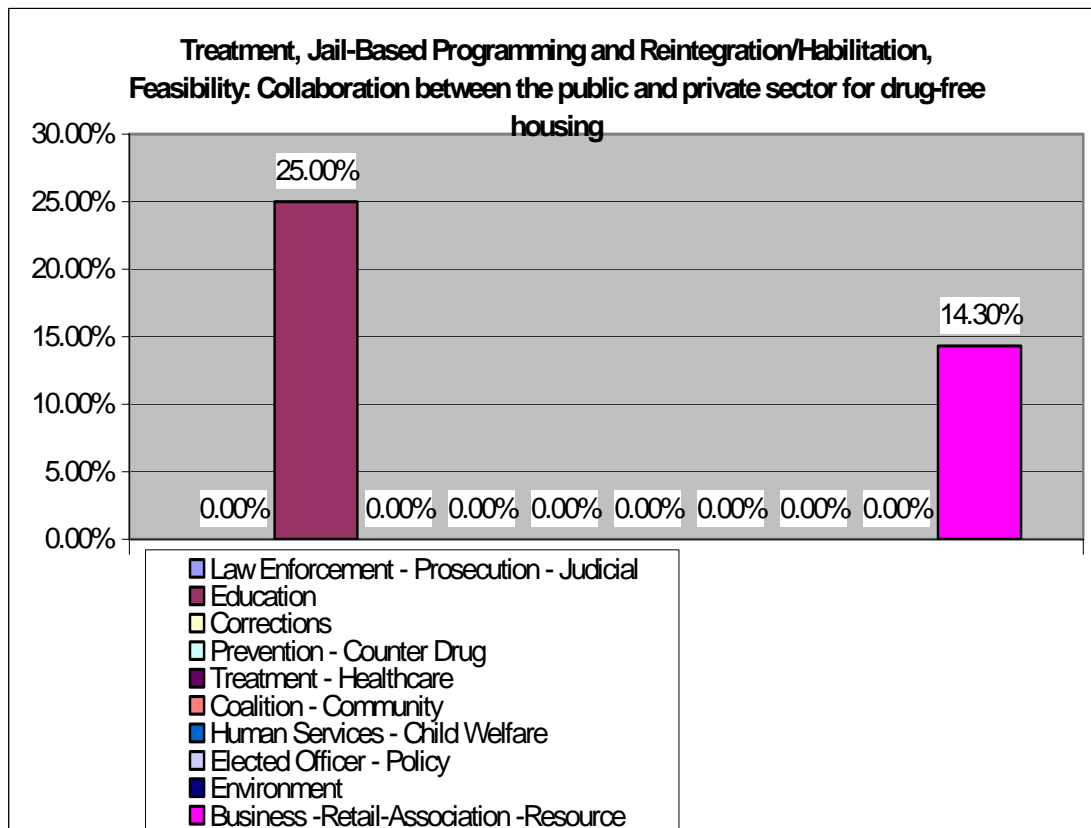
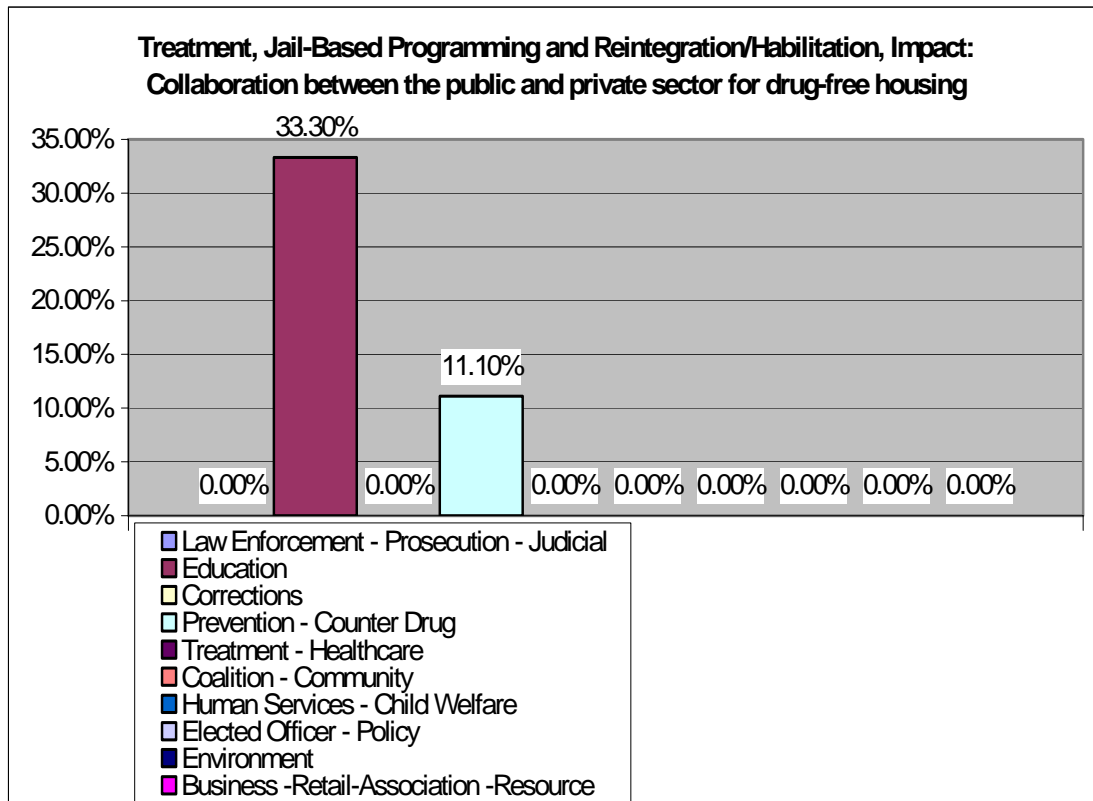


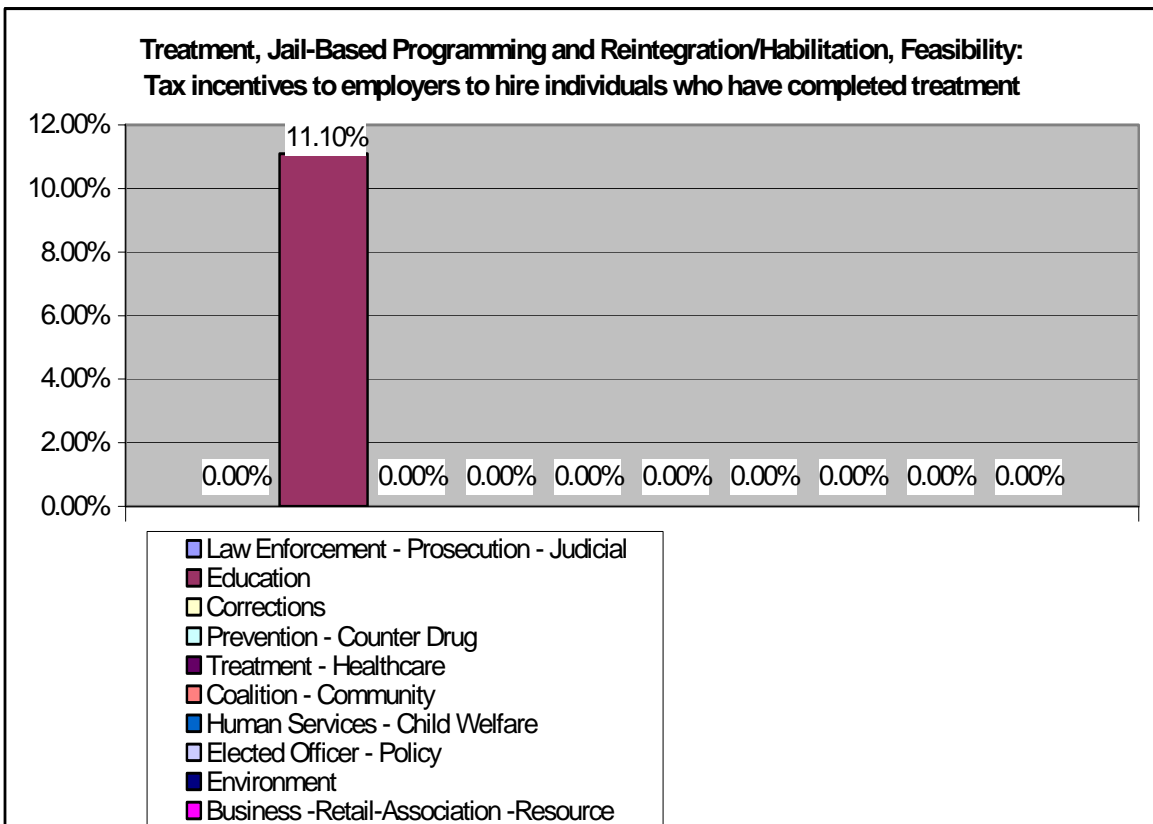
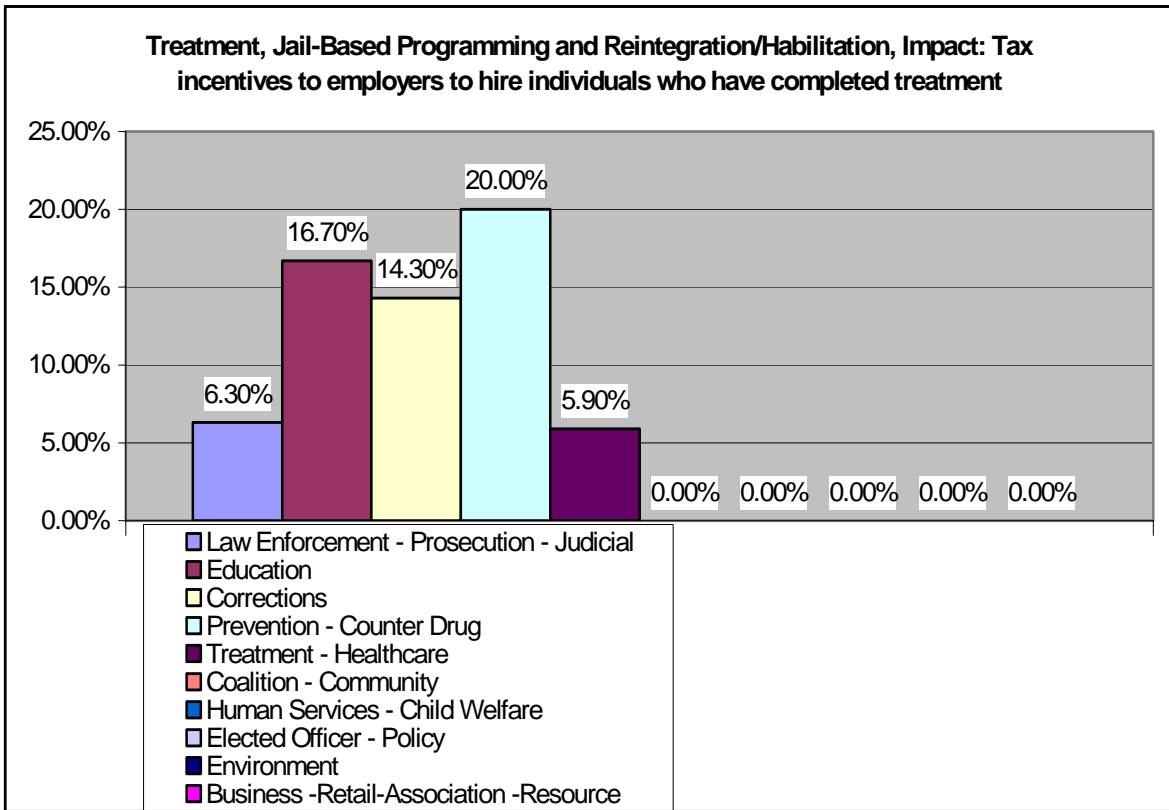


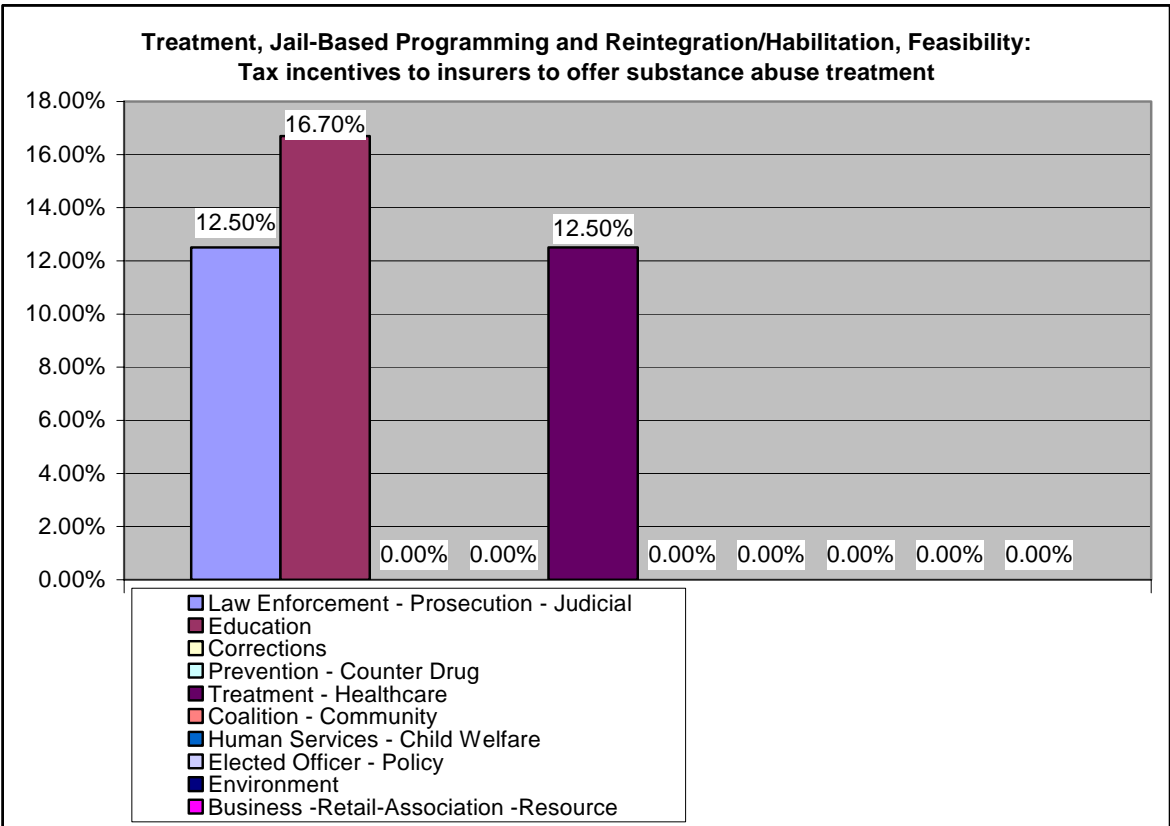
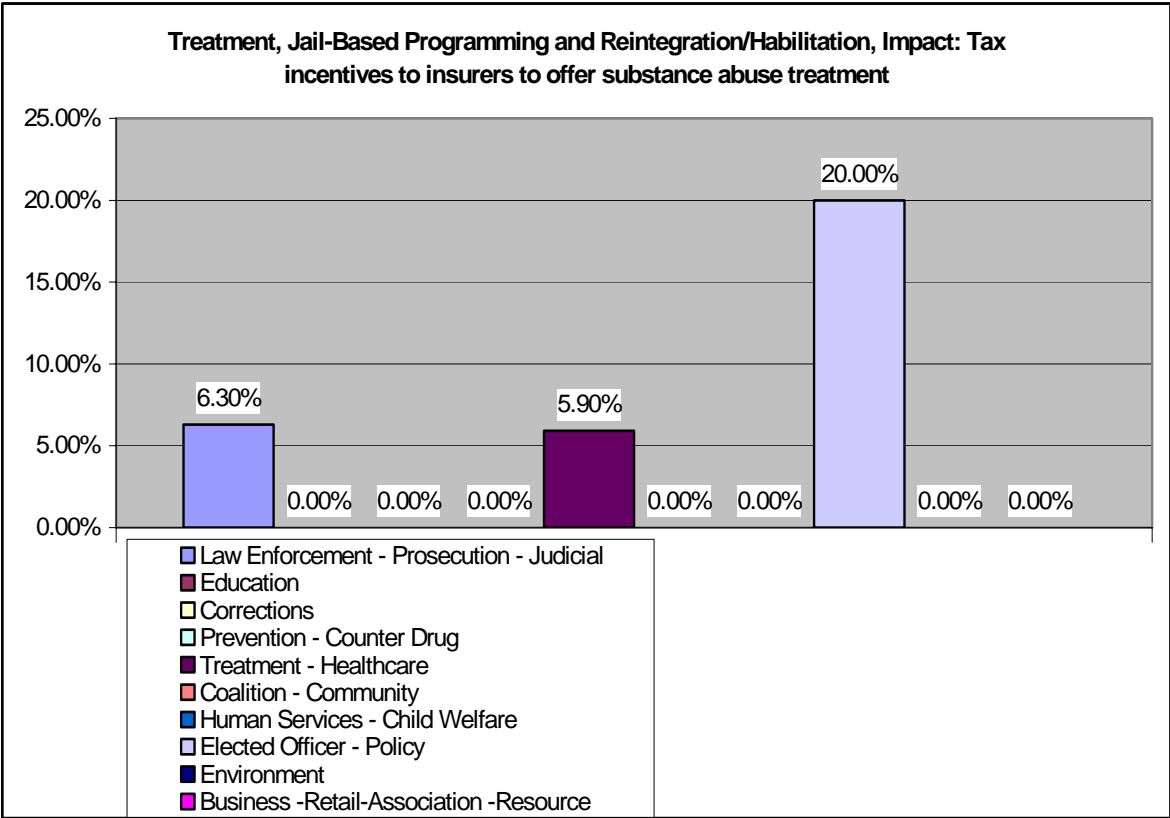


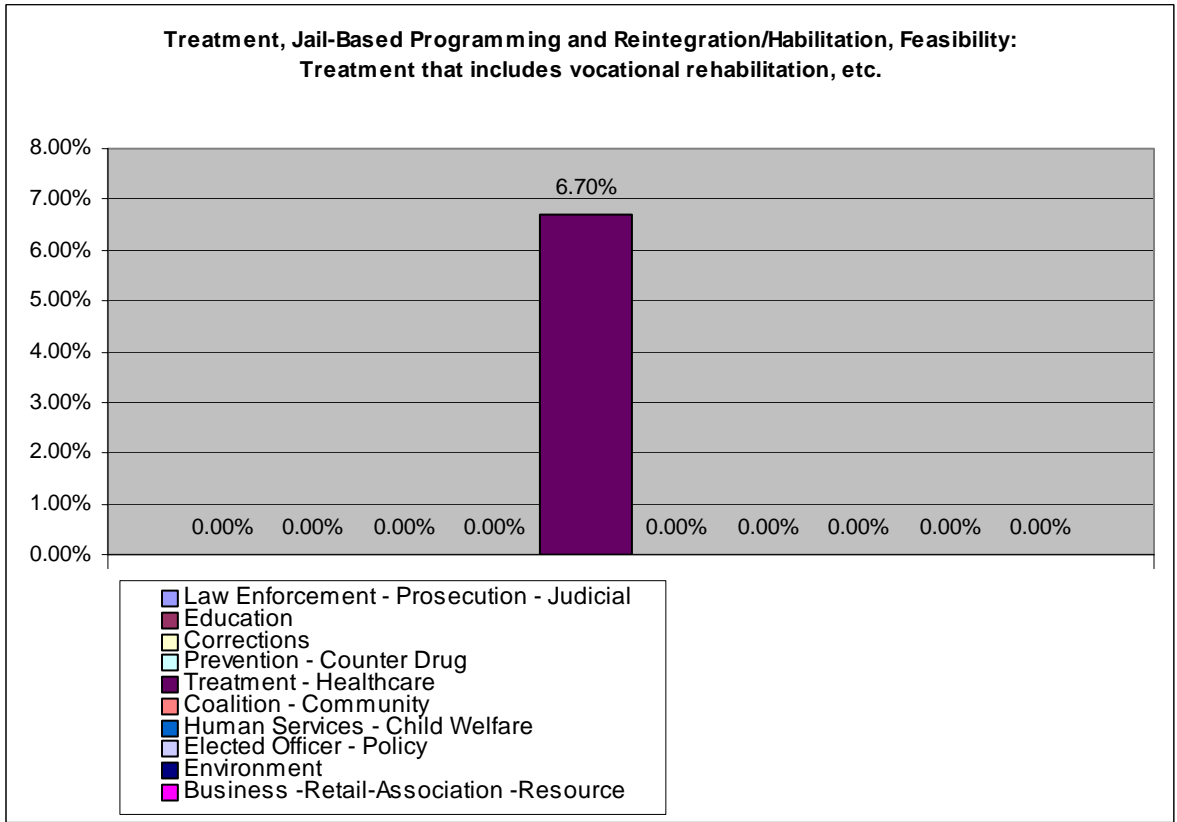
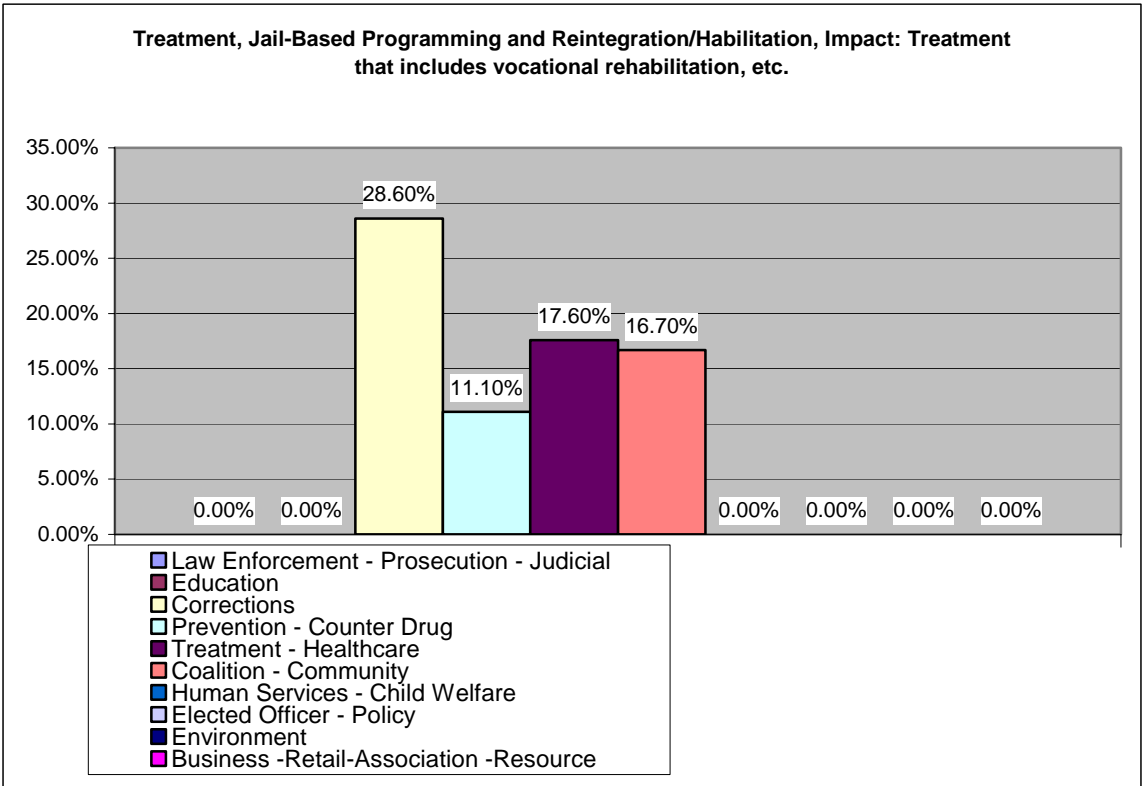


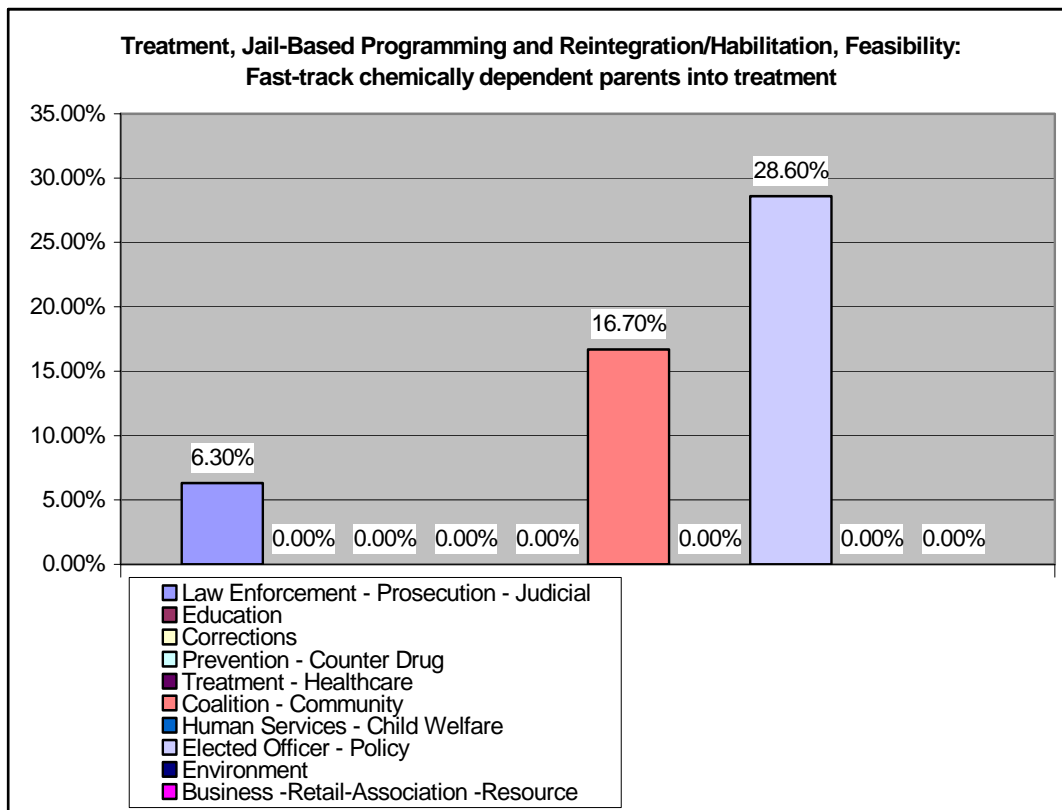
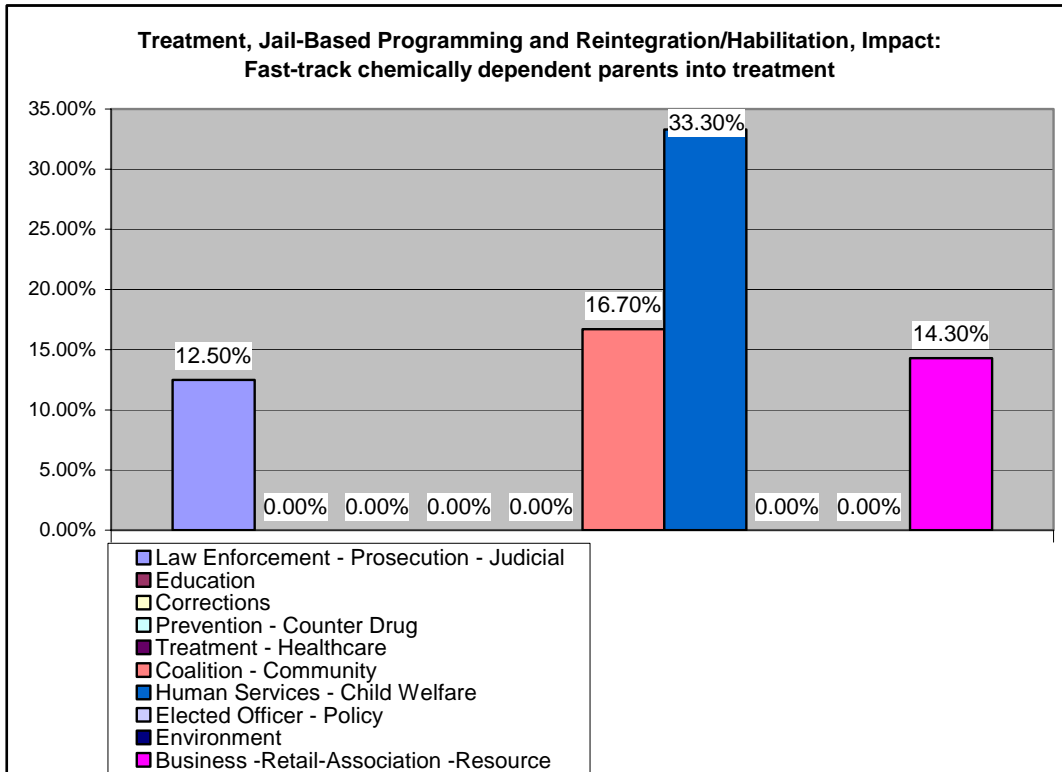












ATTACHMENT F

Precursor Controls

Discussion

- Precursors are readily available to meth lab operators without any control
- Danger and impact on 1st responders
- Lack of education to retail and health professionals
- Limits on pseudoephedrine creates a “black market”
- Lack of uniformity and regulation of access to precursors
- Importation of drugs from other states
- Constitutional issues on rights and privacy issues (barriers to surveillance strategies, limitations on access to precursors, etc.)
- Lack of motivation to get the training
- Concerns about Ice coming to Iowa and the problems it will cause
- Current pseudo law is ineffective
- Access to pharmacies in rural areas

Ideal Response

- Pseudoephedrine (sole and multiple ingredient products) is made a Schedule V controlled substance at the state level
- Pseudoephedrine made in a form that cannot be extracted
- Pseudoephedrine is added as a Schedule V controlled substance via the Controlled Substances Act (Federal)
- Consumer would sign for other precursor ingredients (ex. Anhydrous) not just pseudo
- Create a law which is workable for business community and readily capable of implementation to limit access to precursors (pseudo)
- Create a law which is clear regarding “corporate responsibility,” manner of enforcement, and penalties for violation
- Education to follow the law - community buy-in, community education as adjunct to law
- Involve the medical field in education
- Increase education and prevention services
- Electronic monitoring of pseudo sales

Barriers

- People concerned about inconvenience of buying products that are controlled
- People worried about privacy when giving information to merchants when buying pseudo
- Big businesses such as Wal Mart may not be as good/effective at filling out suspicious activity report or reporting/identifying
- Only targets retail community
- Rural legislators will fight Schedule V idea
- Legislator’s opposition to regulation of pseudoephedrine -- legitimate user access
- Hard to find consensus and support
- Resistance from drug companies and convenience stores
- Continue to provide more services to lowans
- Privacy issues
- Lobbyist for drug companies who profit from pseudo production
- What is the relationship between HIPPA (federal privacy rights), record keeping under “pseudo law,” and disclosure of state-mandated records to law enforcement?

Critical Issues

- Phase 1 goal of Meth Watch – educate merchants (seems to be willingness)
- Schedule V – convenience stores, small markets might lose money from loss of sales
- People crossing borders to get into other states
- Lack of education to retailers and health professionals
- Danger and impact on 1st responders and those who come into contact (utility people, etc.)
- Lack of uniformity and regulation of access to precursors
- Importation of meth from other states
- Ready availability of precursors via the Internet or mail order
- Clarification of “oversale” for both retailers and consumers

Collaboration

- Enhanced surveillance of precursors and purchasers (ion scanners, dogs)
- Educate 1st responders about hazardous materials
- Uniformity in regulation throughout the state
- Control precursors (Schedule V legislation)
- Different disciplines work together
- National Guard
- Over-all coordination of all disciplines to limit precursors

Key Actions

- Make pseudoephedrine a Schedule V
- Precursor/meth education to all Iowans
- Nationwide Schedule V

Action - Make pseudoephedrine Schedule V

Steps:

- Encourage Legislators
- Educate locally
- Media campaign

Action – Provide increased education and prevention services

Steps:

- Mandatory drug education
- Media presentation
- Involving medical field in education
- Meth watch program should be expanded to include all involved retailers, landlords, motel/hotel management, hardware stores, etc. and involve follow-up and evaluation
- Educate farmers, utility workers, hunters, etc., on the characteristics of meth labs and procedures to follow if discovered.
- Use of phone book, blue pages to access data bases
- Grassroots coalition-including youth.

Action – Nationwide Schedule V

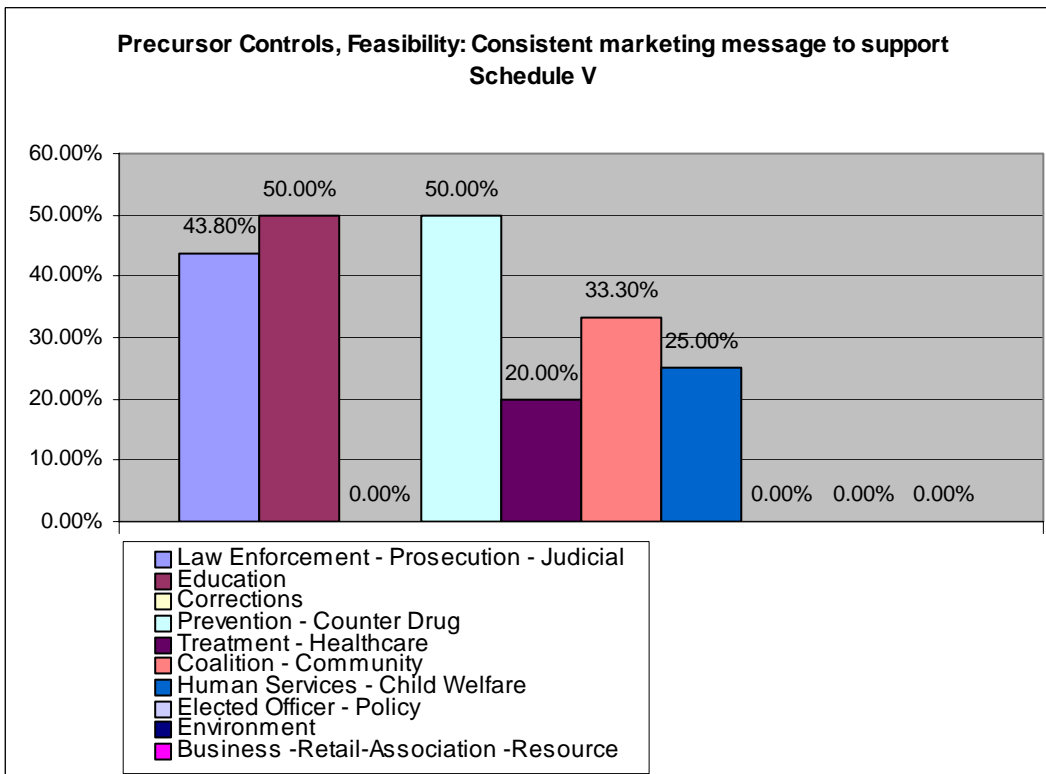
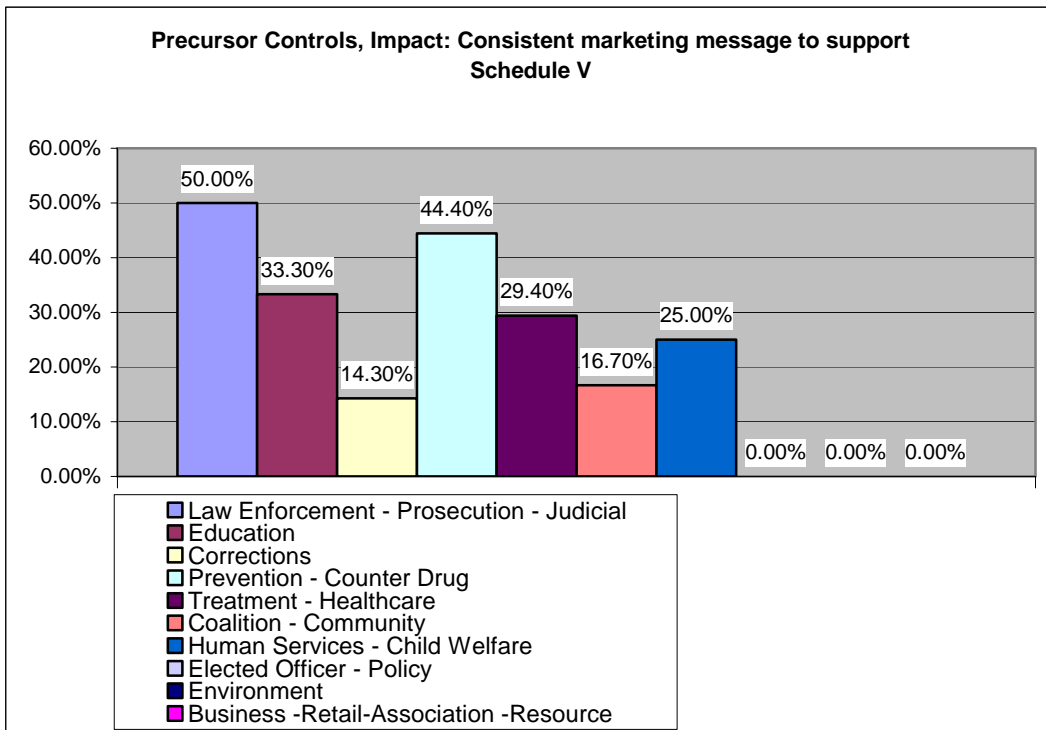
Steps:

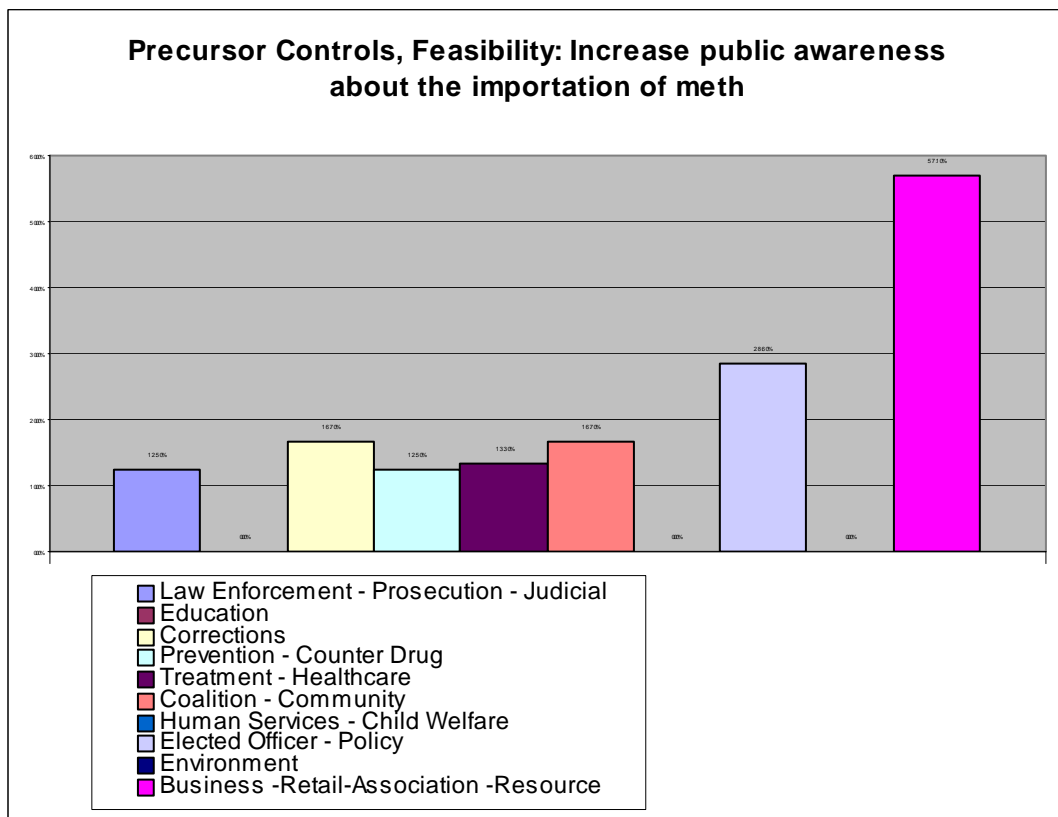
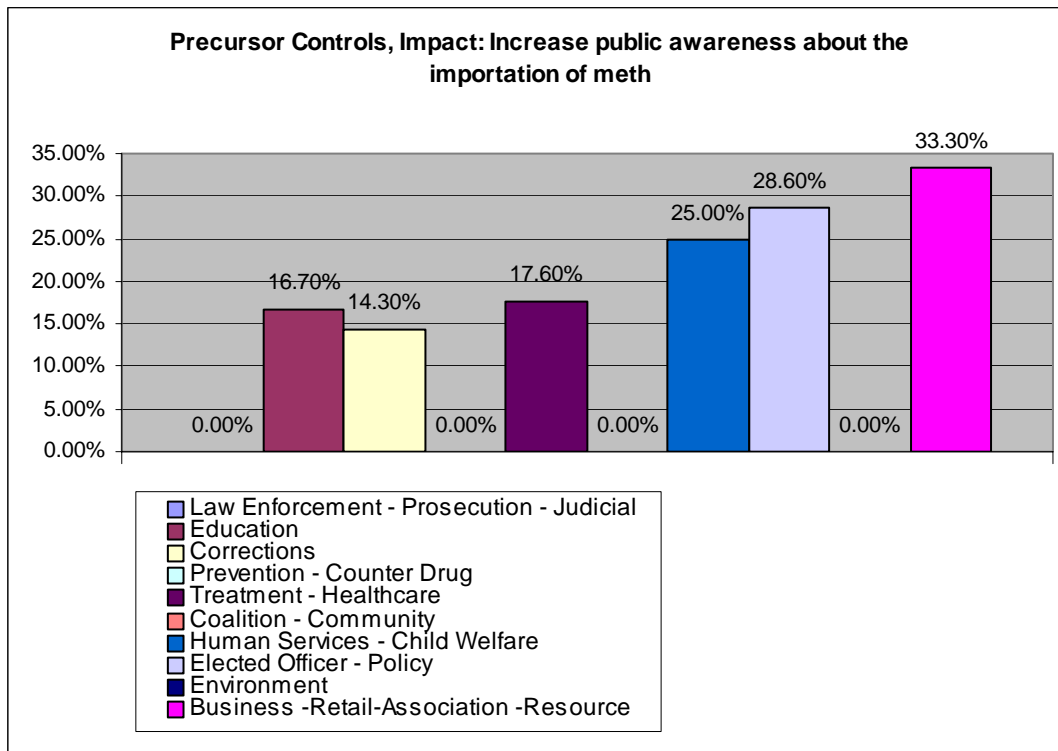
- Congressional support
- Encourage other states to pass similar laws -- Oklahoma success speaks for itself – to encourage action at the federal level

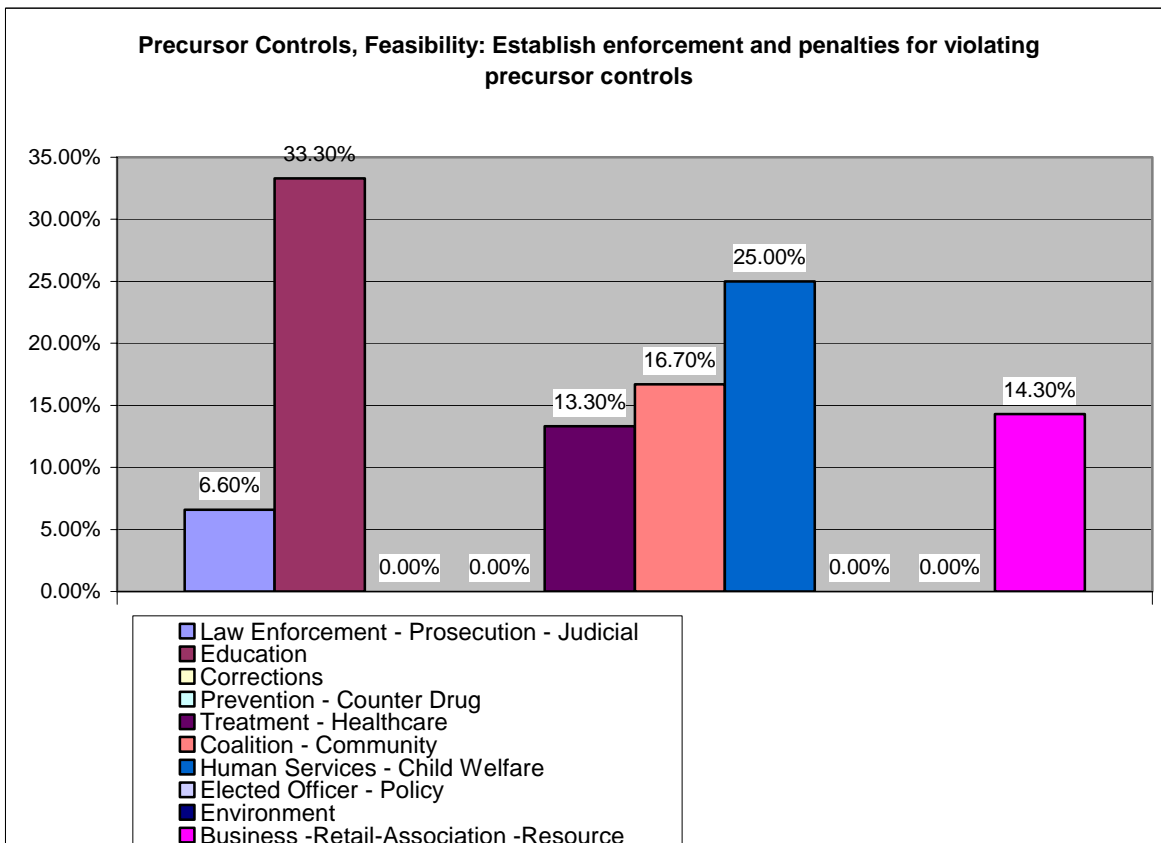
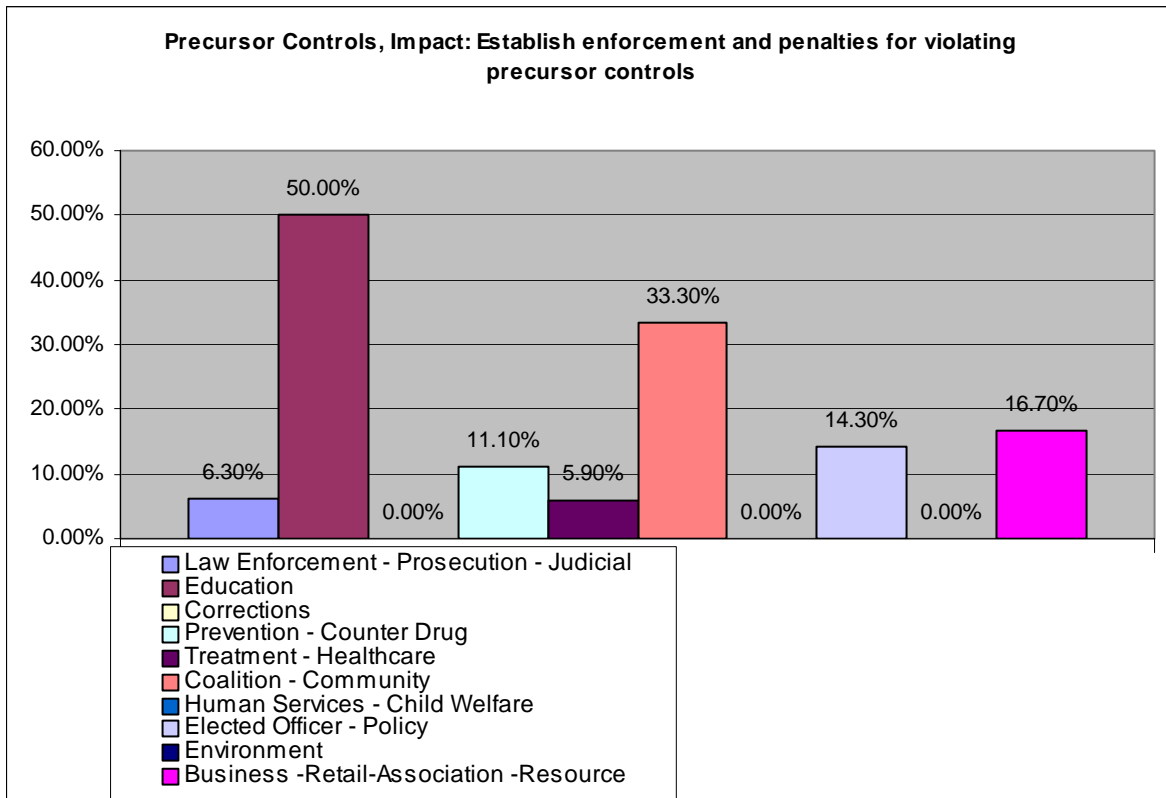
Action – Make anhydrous ammonia unusable as a precursor

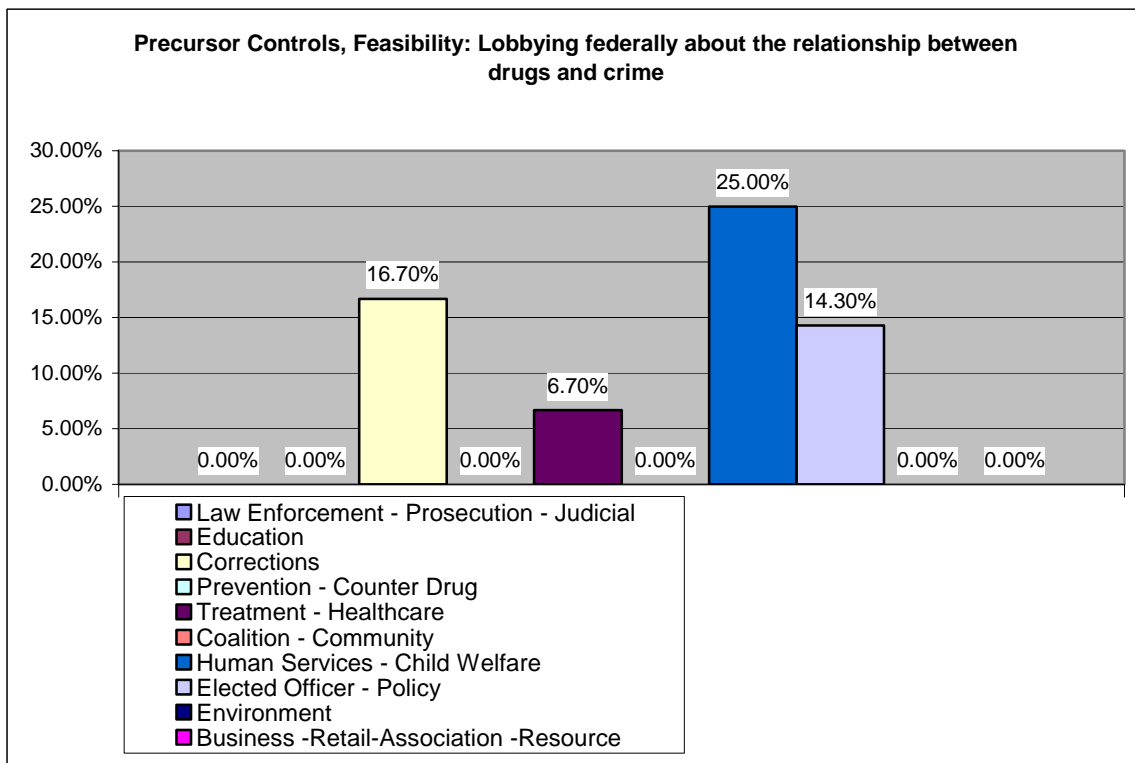
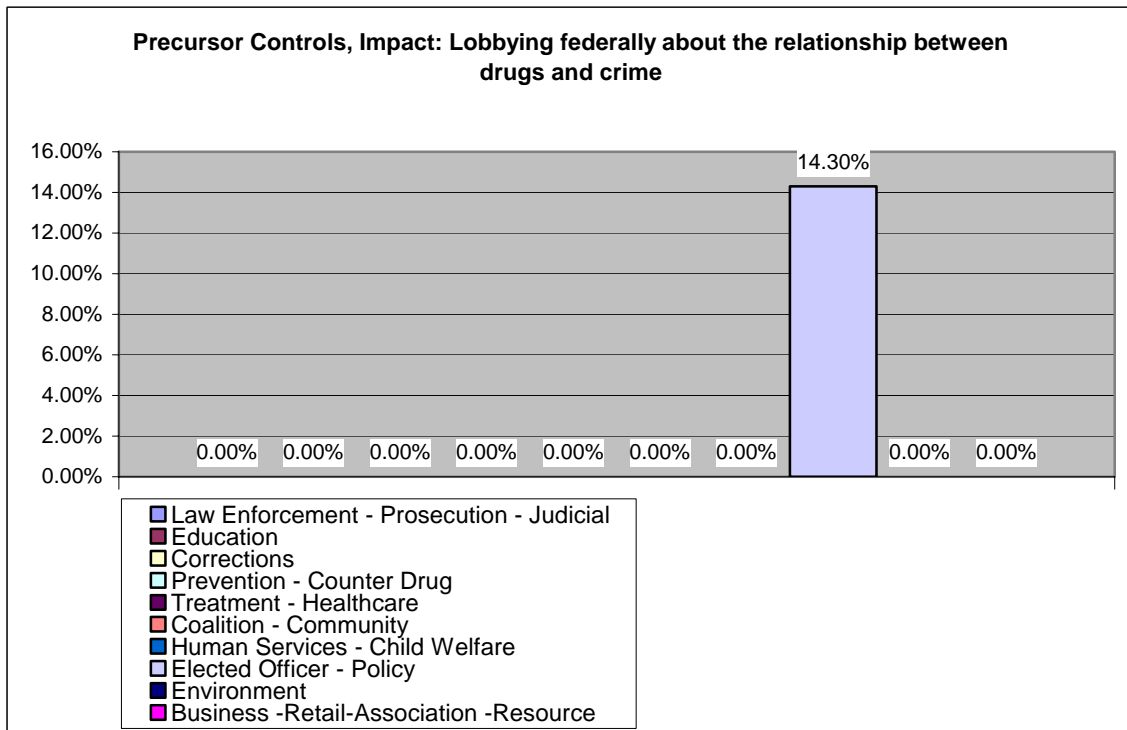
Steps:

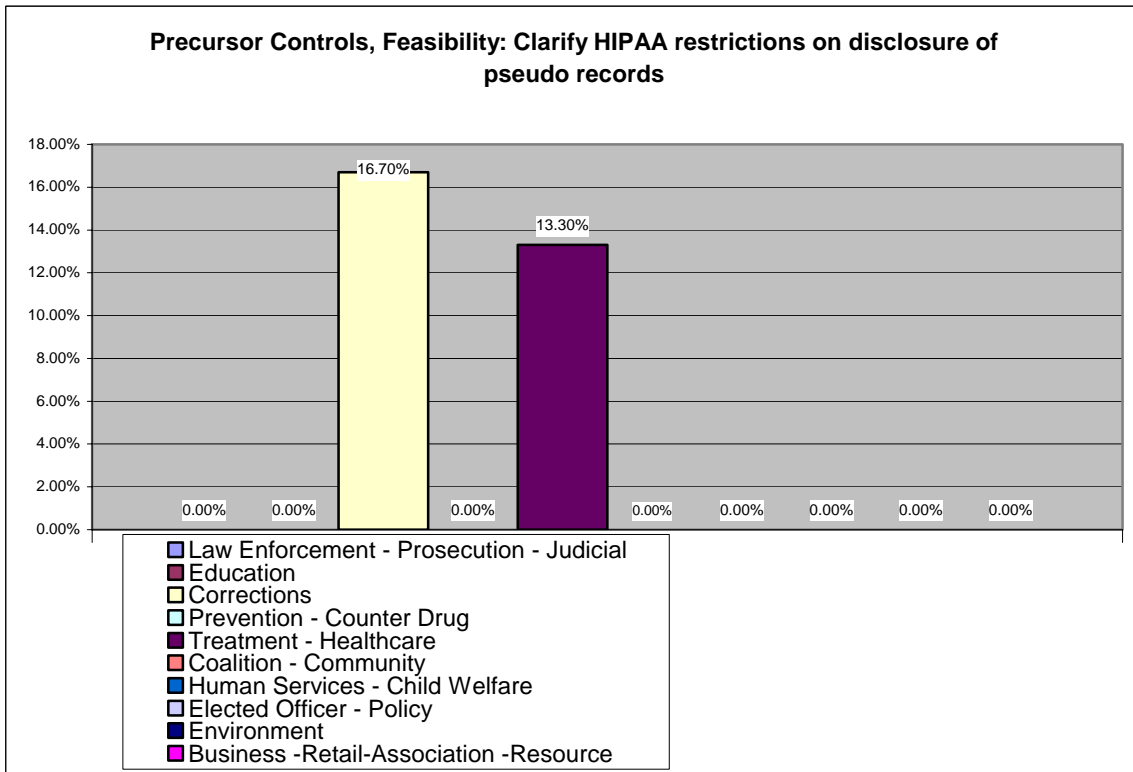
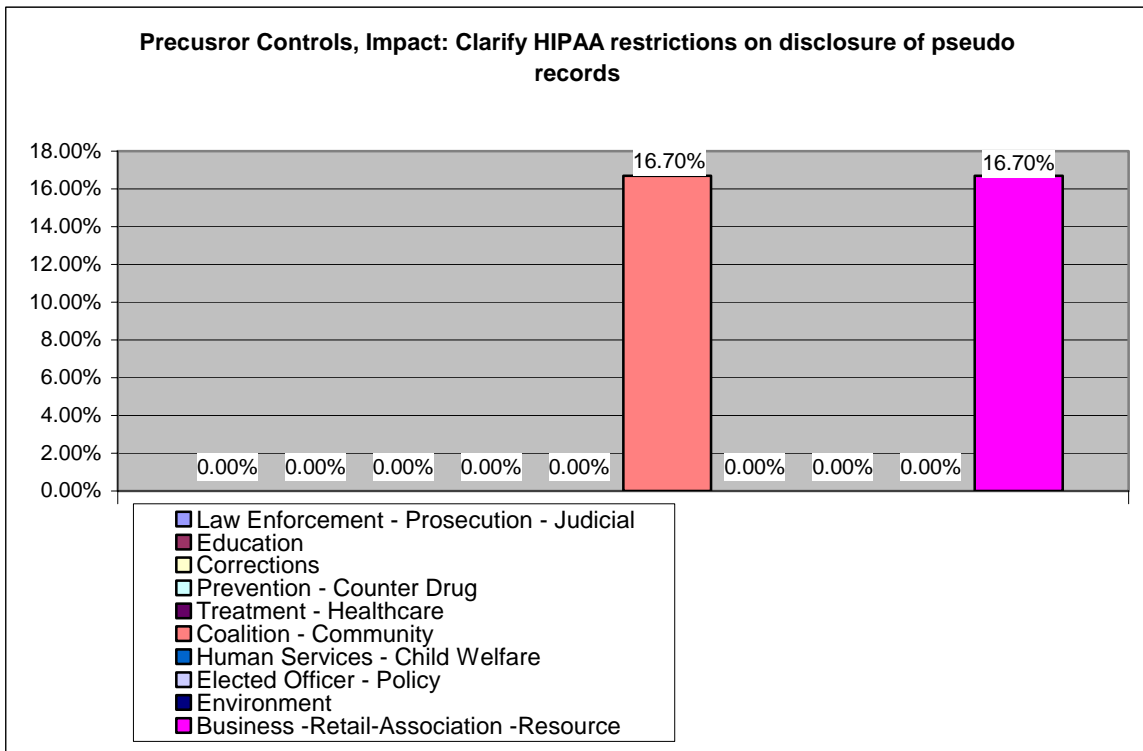
- Addition of calcium nitrate to anhydrous.

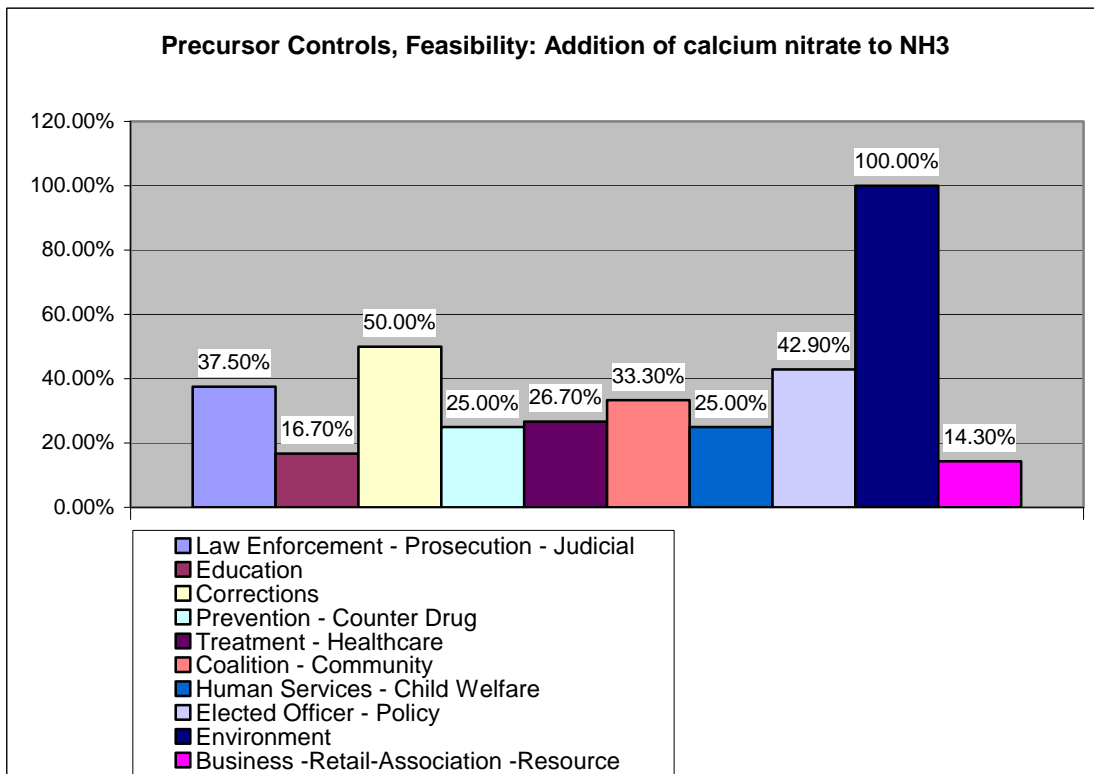
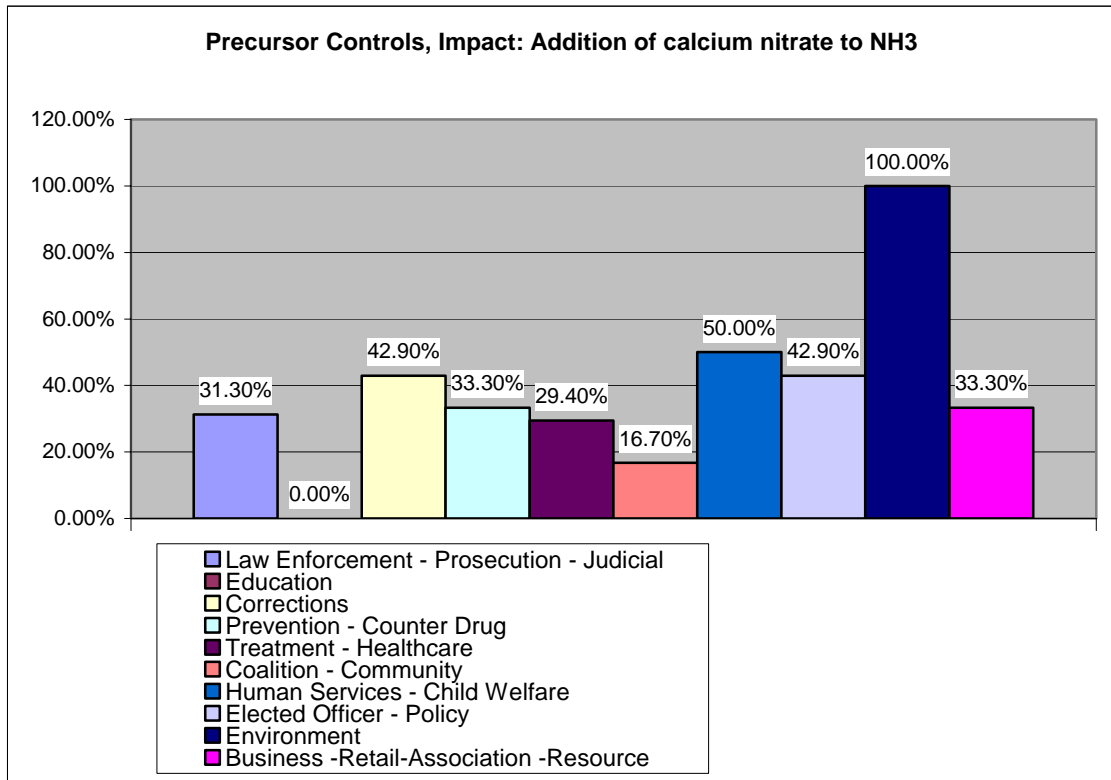


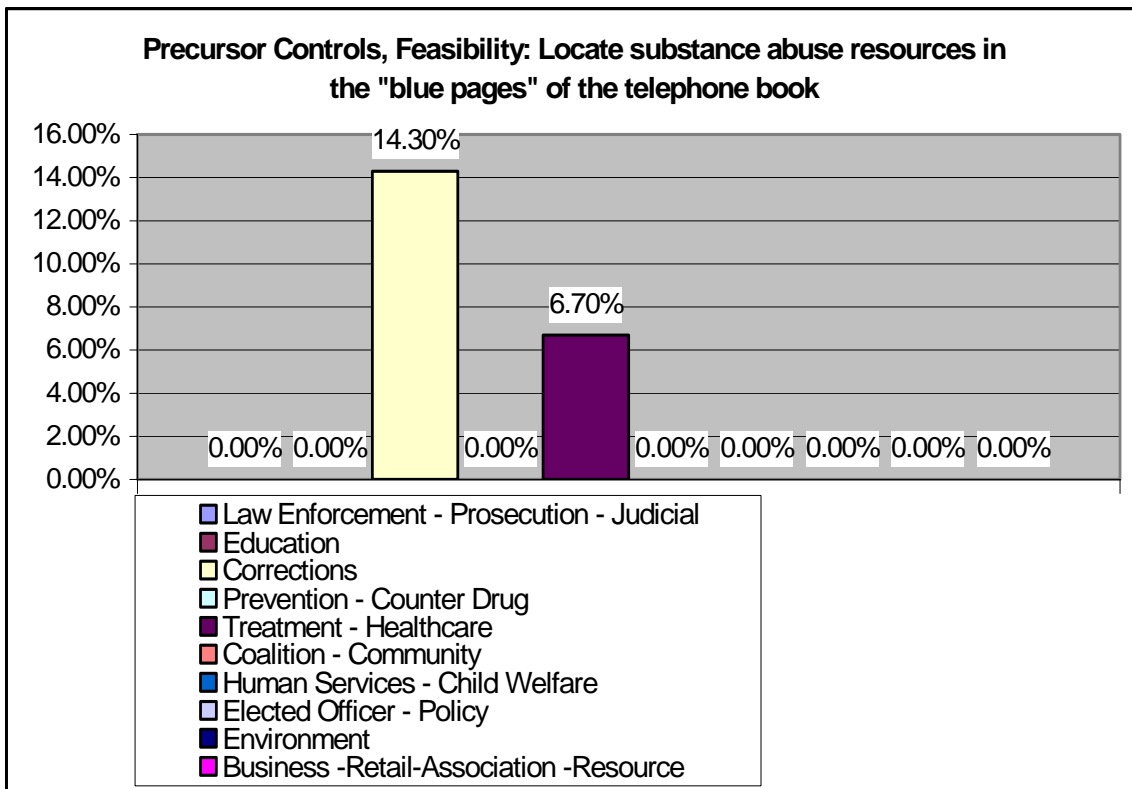
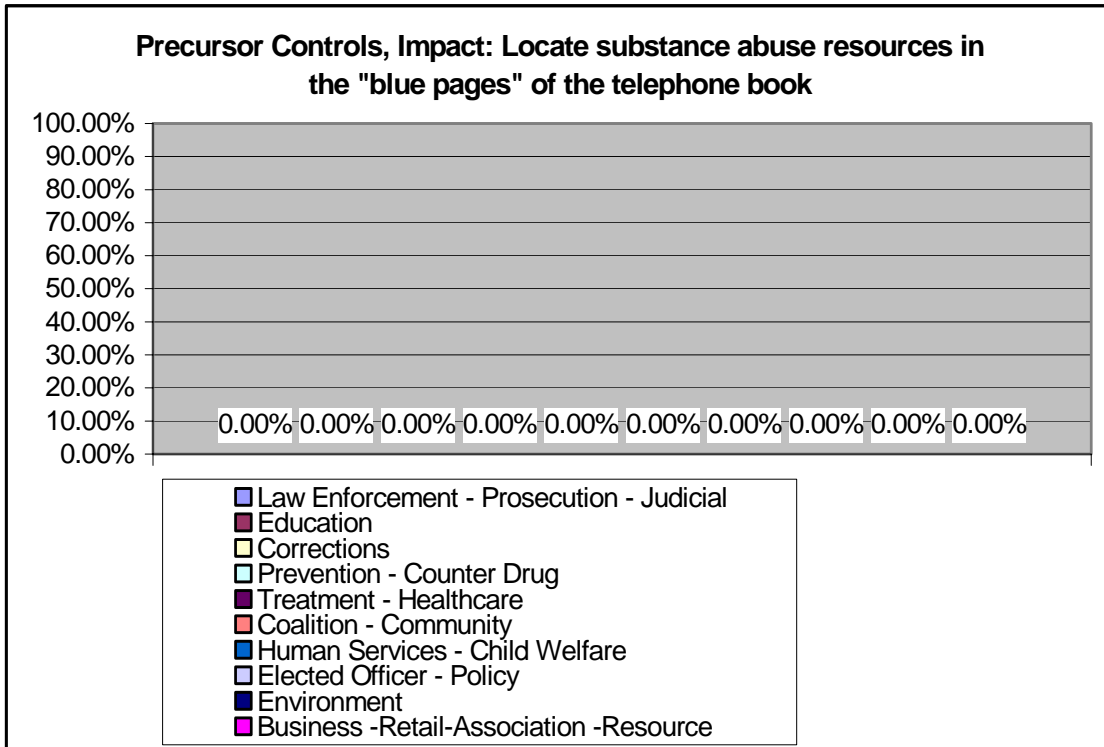


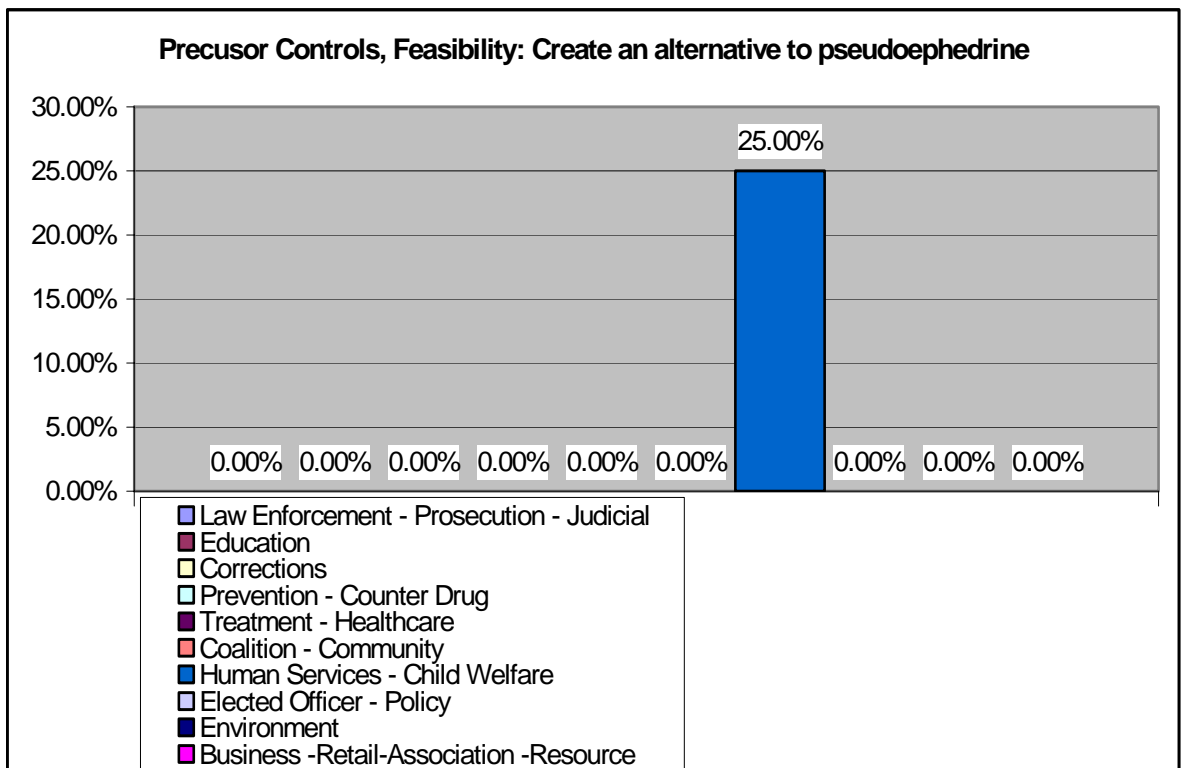
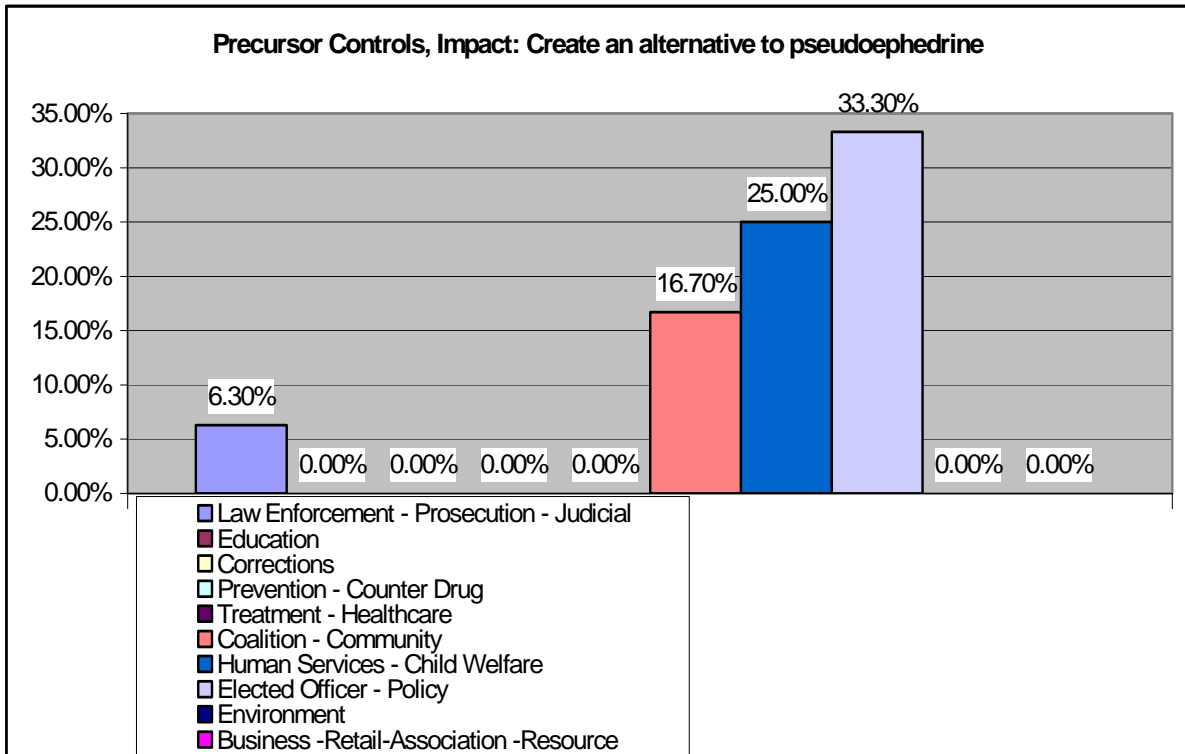


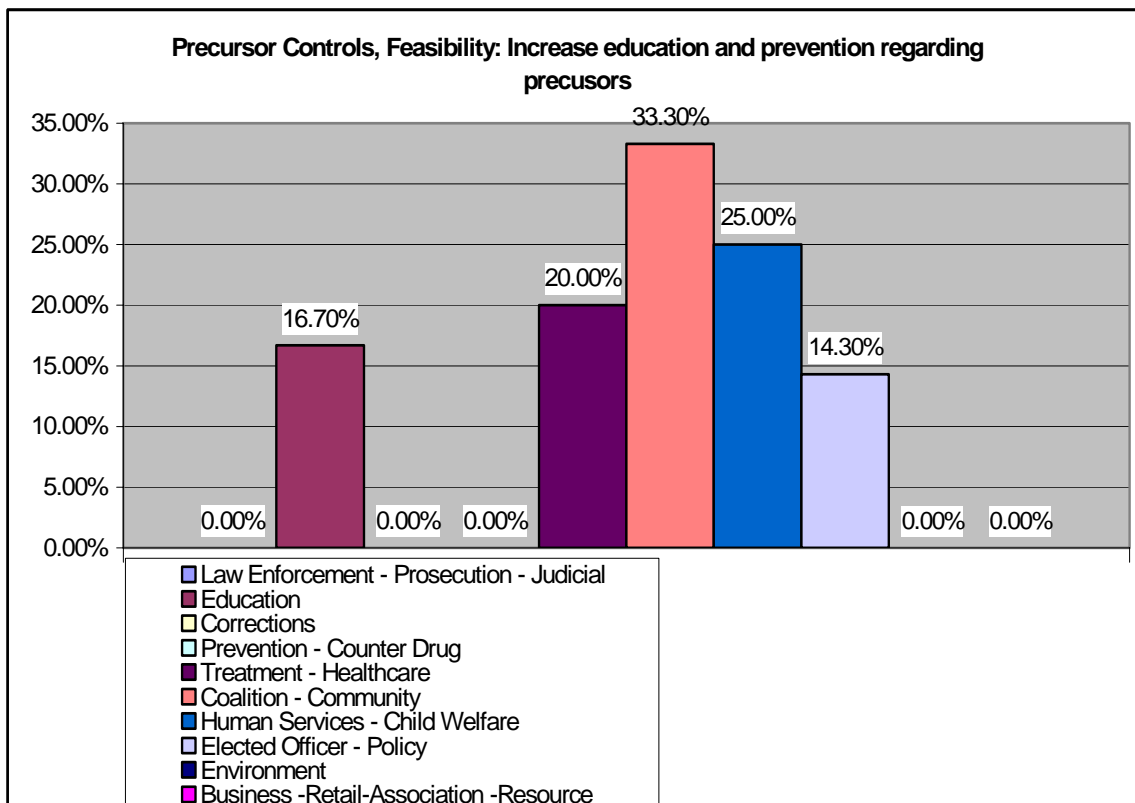
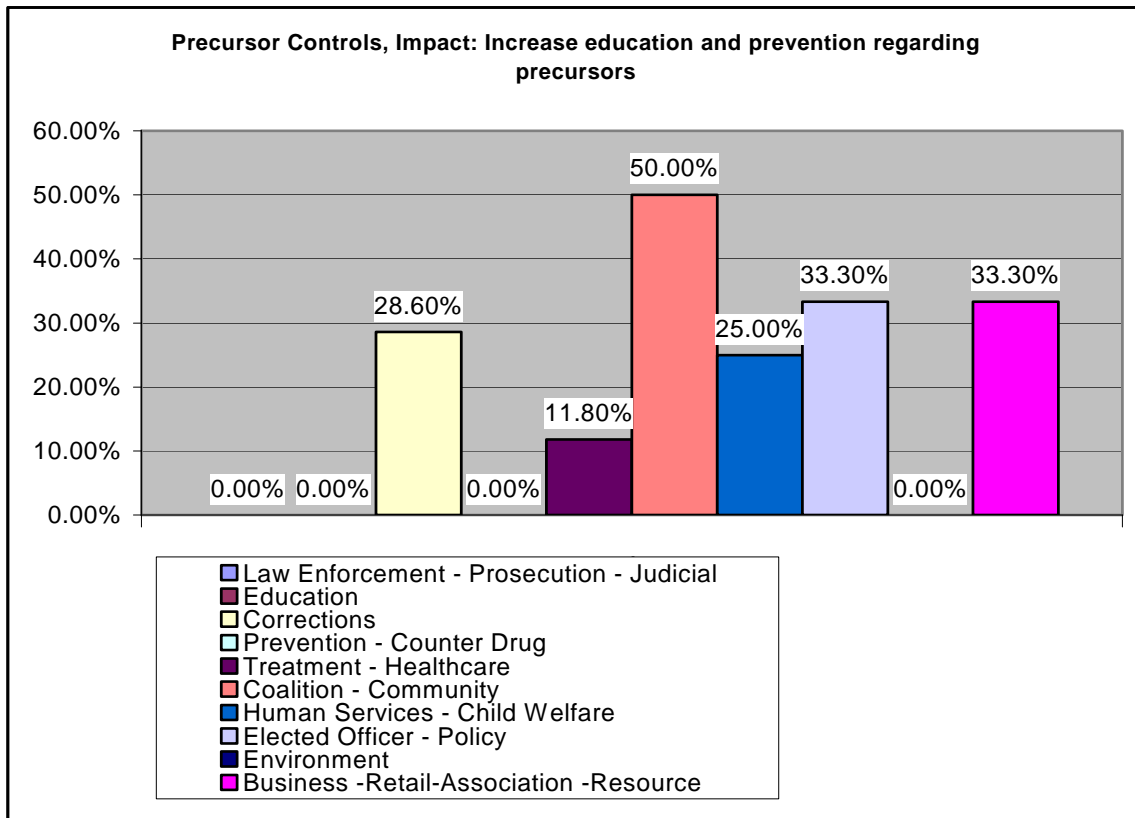


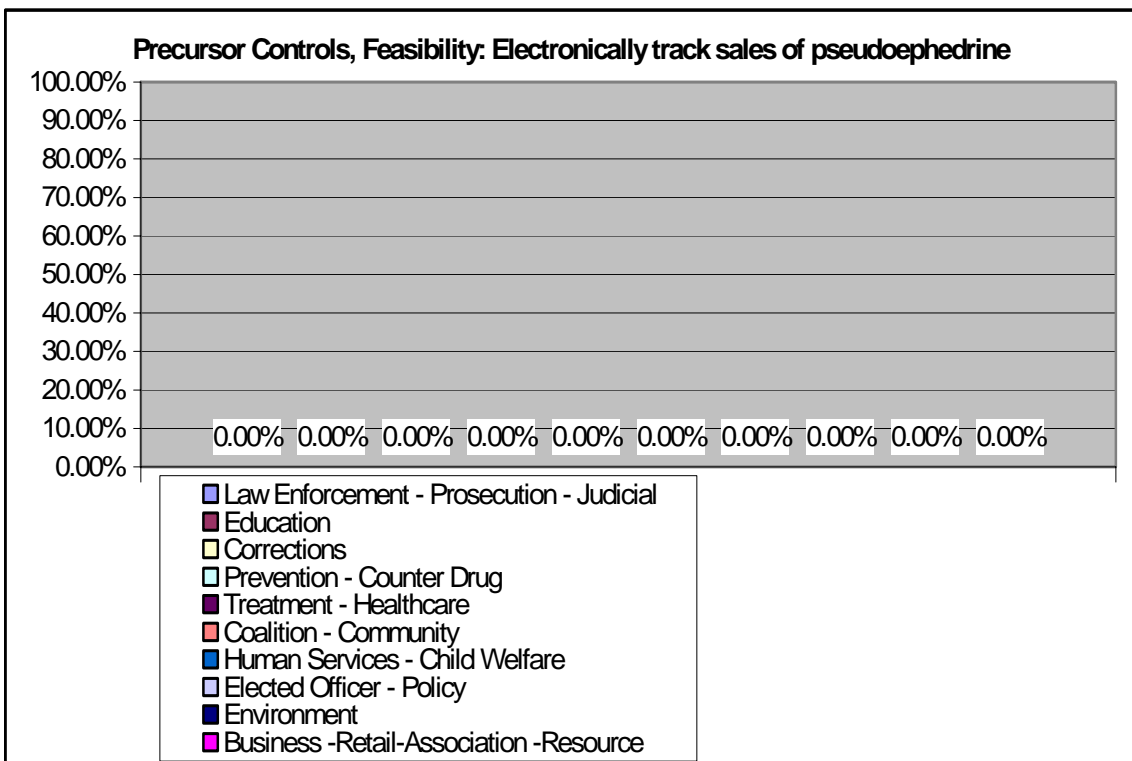
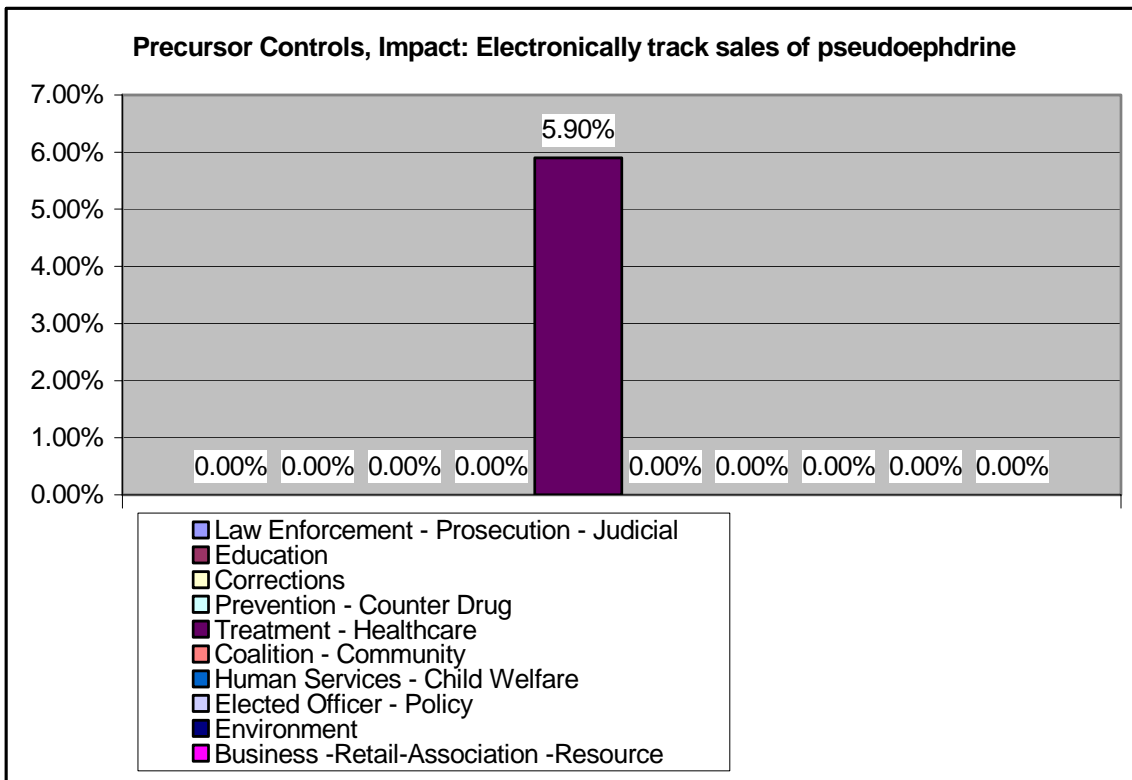


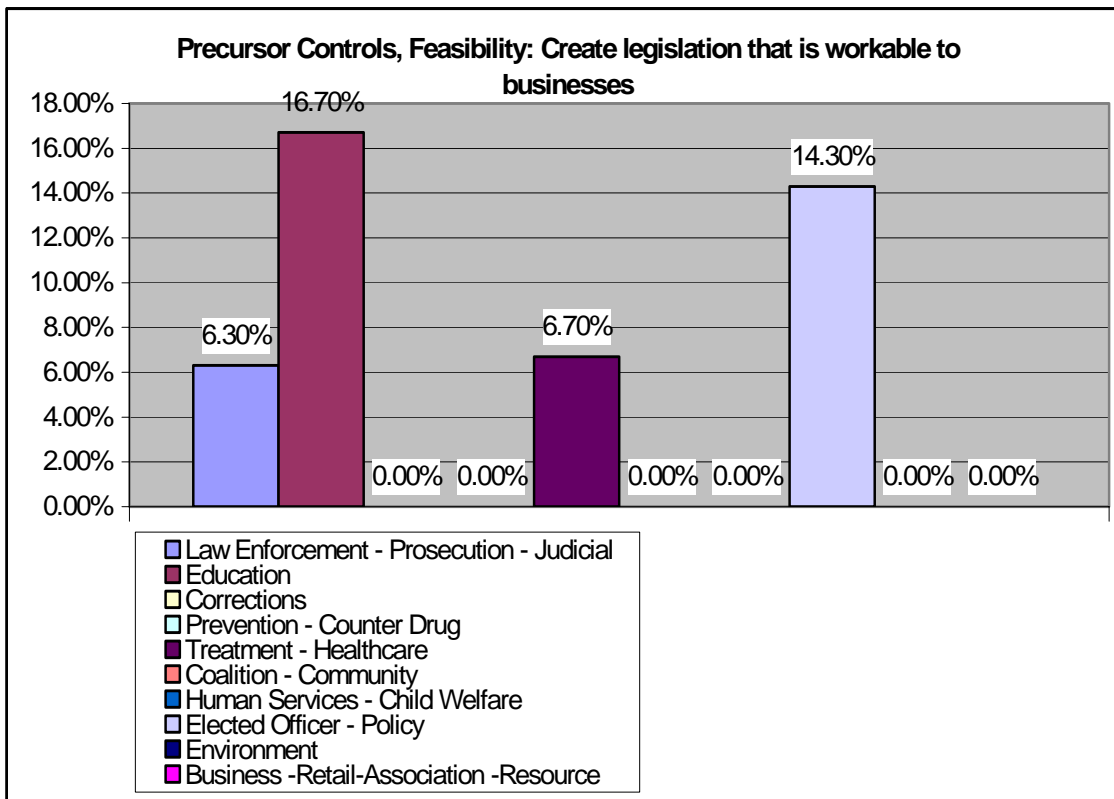
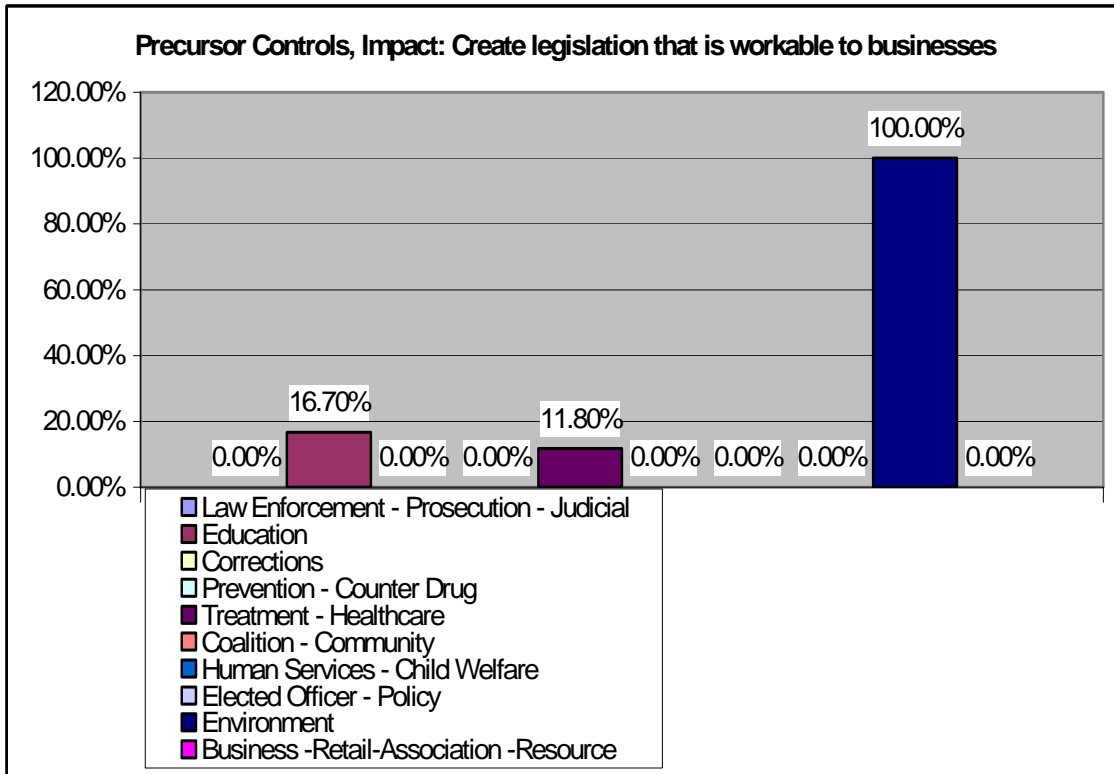


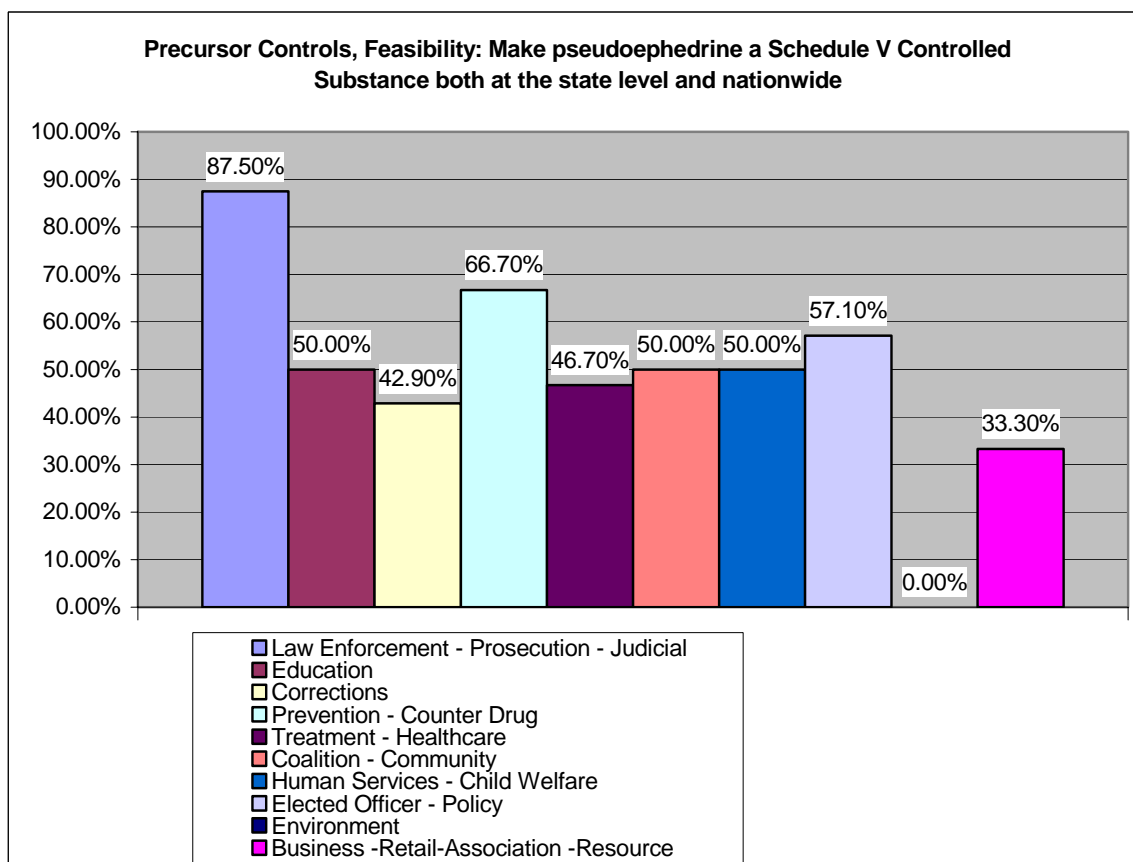
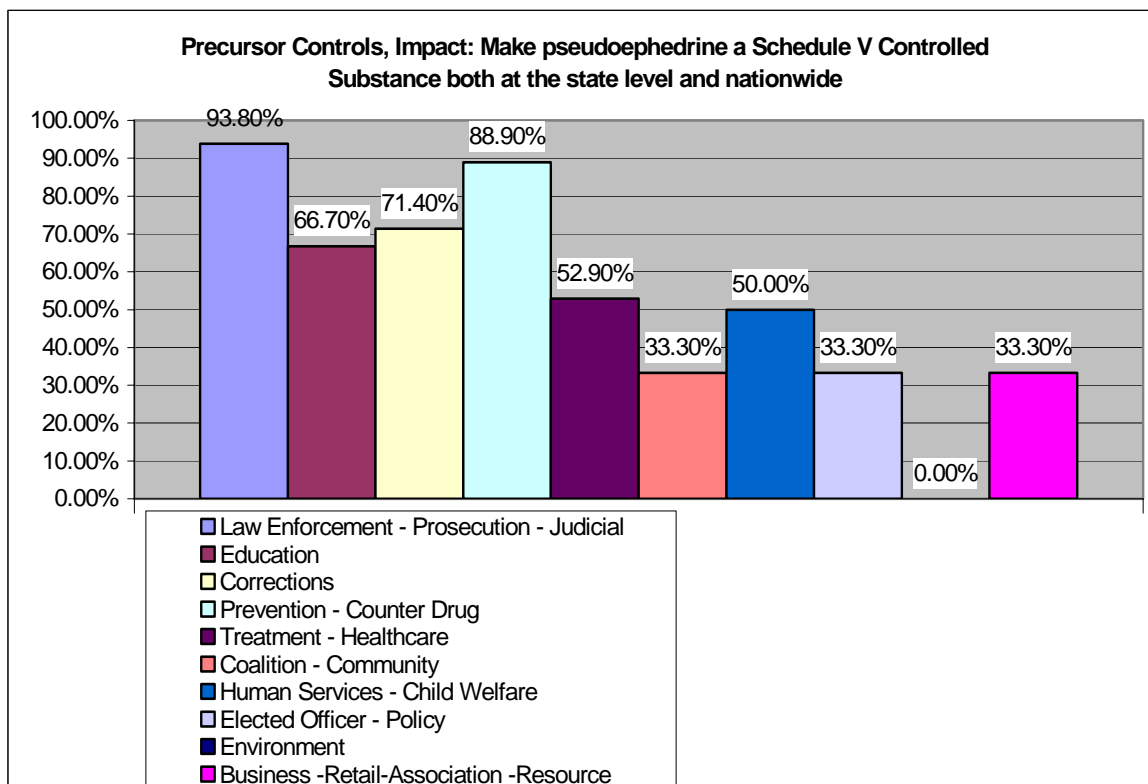


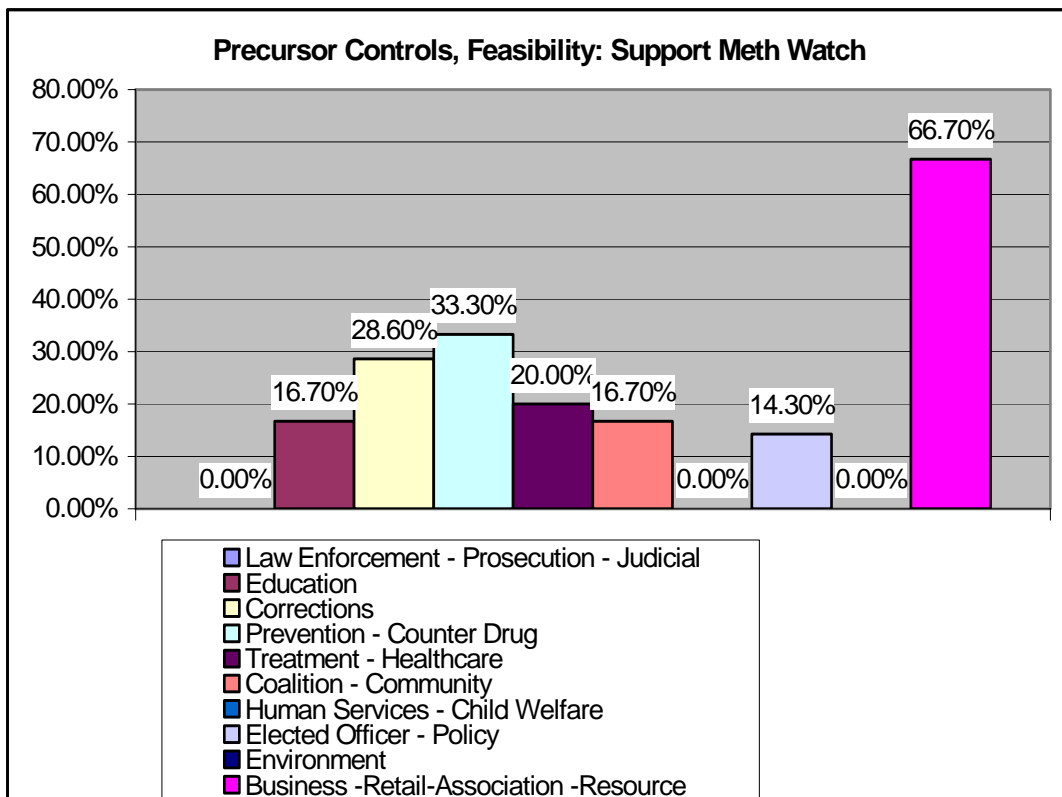
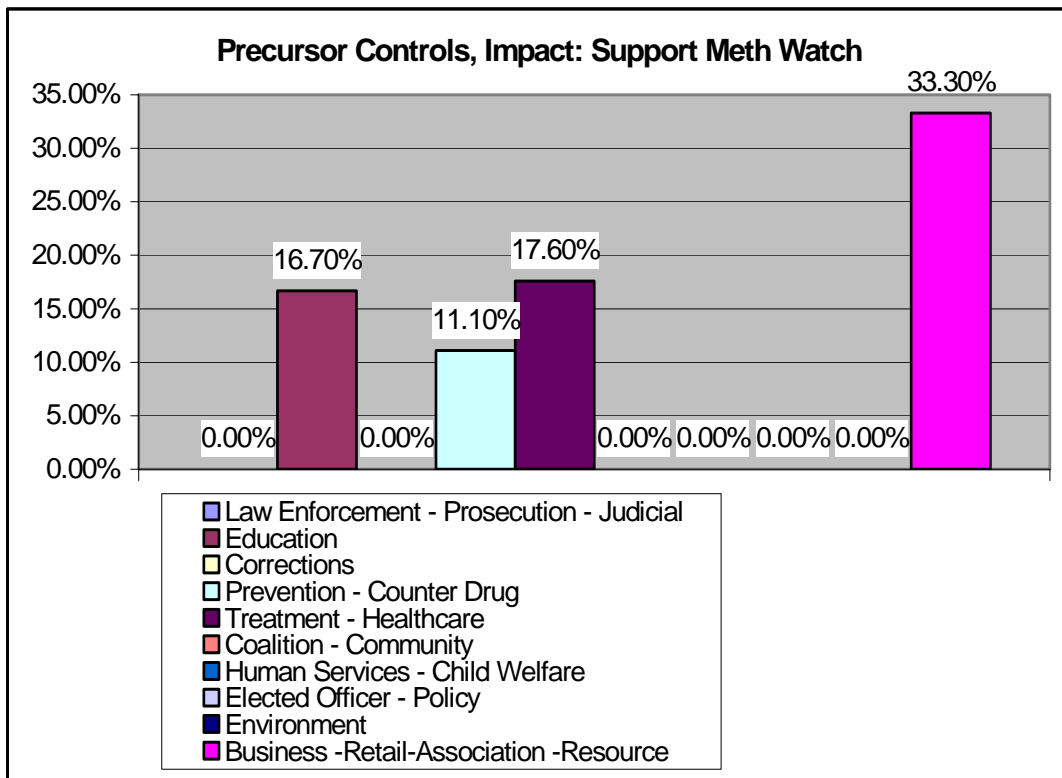


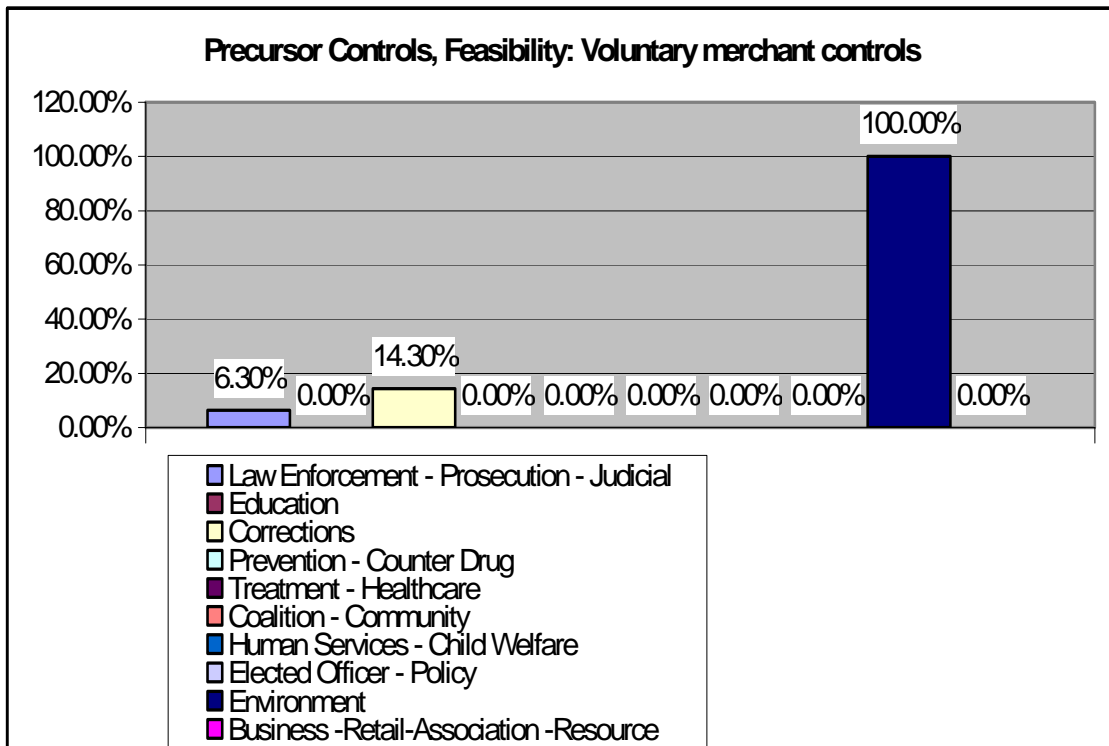
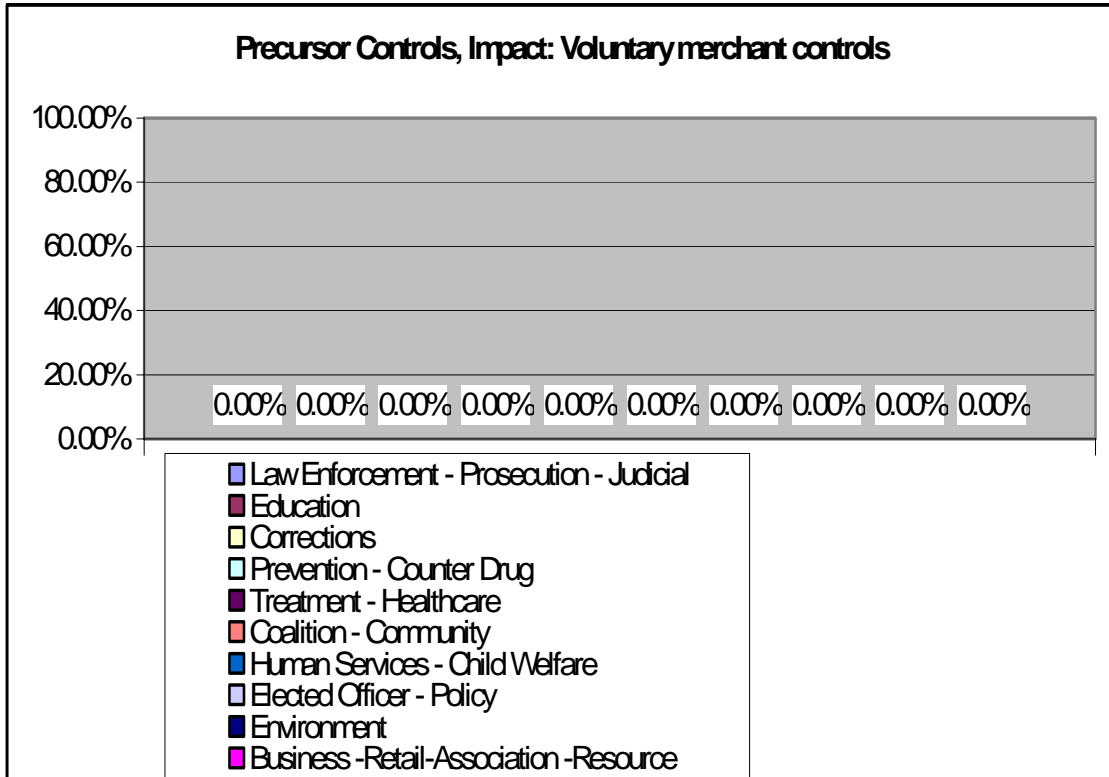




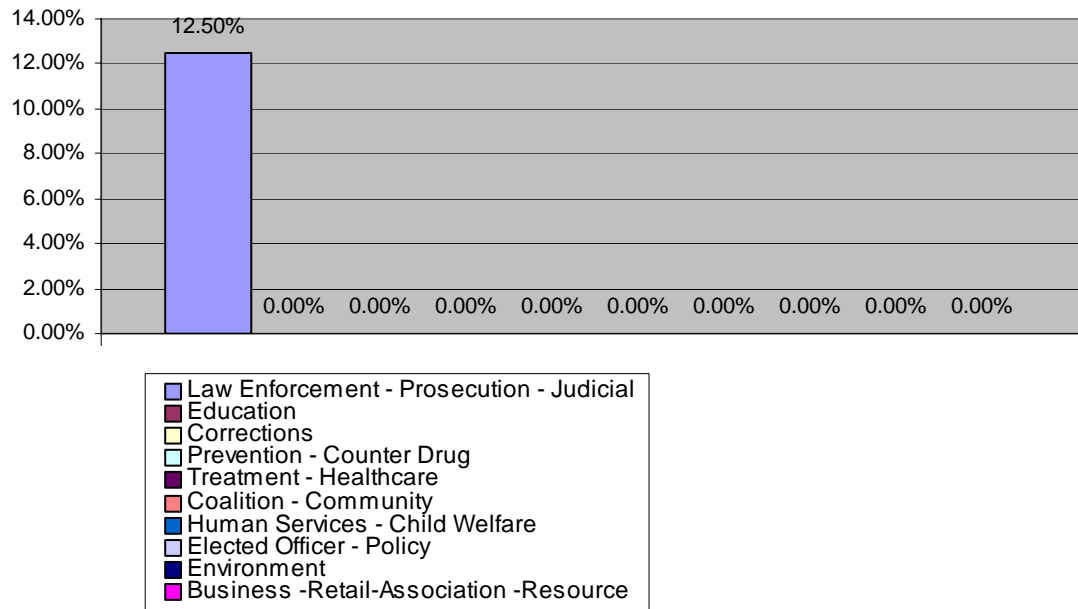




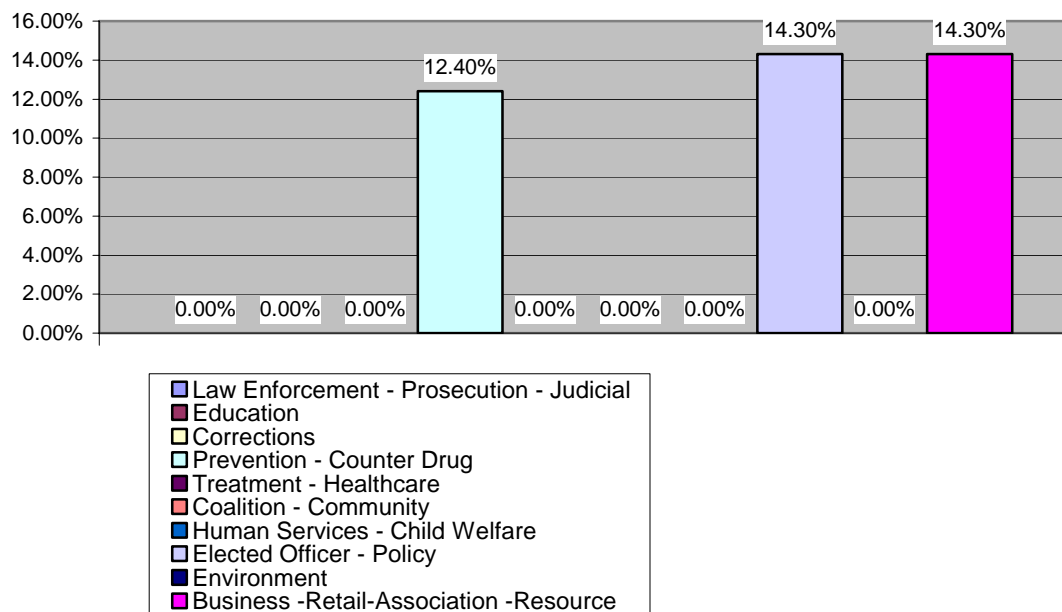




Precursor Controls, Impact: Make the unauthorized manufacture or transportation of NH3 illegal



Precursor Controls, Feasibility: Make the unauthorized manufacture or transportation of NH3 illegal



Attachment G

Environmental and Lab Clean-up/Remediation and Property Issues

Discussion

- When a lab is taken down the property is “stickered” (notification sticker put on the property by law enforcement following a meth lab bust) – neighbors are concerned – landlord is concerned- (house, apartment, barn, car, etc)
- Timing from bust to being “stickered” can vary from a few days to longer.
- What gets sticker off house? Department of Public Health has been ask for specific guidelines
- Multiple owners, mortgage holders – who cleans up to make it safe?
- Who’s responsible for decontamination? Department of Public Health has put out general guidelines.
- What are the long-term affects on liver and other health issues.
- Small labs cost \$3-4000 to clean up. DEA contractor cleans bulk chemicals from specifically identifies labs, but do not provide cleaning or decontamination services
- Landlord education on safe way to clean up. Slumlords aren’t going to take care of clean up effectively.
- No one really knows how to decontaminate and degree of contamination may vary. Need long-term environmental study to determine the impact of contamination.
- Law enforcement doesn’t want to confiscate houses, cars because of costs and liability.
- Subsidized housing has strict standards – law enforcement liaison with housing authority
- May be zoning issues or city code involved

Barriers

- Difficulty in determining payment – offender doesn’t have \$/resources
- Lack of reliable research and information
- Lack of funding

Critical Issues

- Time consuming
- Dangerous
- Costly
- Iowa law says offenders need to pay clean-up costs but this rarely happens. Who pays for clean-up? Costs fall to public
- Lack of information about active labs
- Lack of standards regarding contamination – no assurances that properties are safe – haven’t defined safe
- Baselines for contamination are not health based or research based (no tests)
- Children might be exposed in property that was previously used for meth labs
- Educating landlords about issues
- Nothing to address clean-up after chemicals have been removed by law enforcement
- If landlords do background checks recovering addicts can’t get housing
- Environmental contamination (water; soil; risks to people, pets, wildlife, etc.)
- Takes up excessive hours of law enforcement time and other resources to find, “bust,” and clean up meth labs

Collaboration:

- Statutes protecting public – disclosure laws, standards, etc. for rehabilitation after lab has been discovered
- Develop community standards – fair and equitable – for clean up responsibility
- Integrate public health, policy makers and researchers to define public health safety threshold of contamination
- Create policy and define delineation of responsibilities – public/private – hotel/motel/realtors/retail
- Fully implement DEC protocol
- Educate public, DHS, social workers – direct or indirect – risks to LE, fire departments, first responders, risk to public

Key Actions

- Develop and implement standards for safe reoccupation of a former meth lab site
 - Scientifically/Medically identify the risk to human health associated with the manufacture of meth.
 - Identify who is responsible for determining the threshold of serious injury related to meth labs.
 - Support research that would develop technology to test for meth contamination.
 - Establish science-based property remediation procedures and standards that are disseminated to all relevant parties
 - Require disclosure of meth activity on property titles or on rental lease agreements. Also require disclosure by motels/hotels if there has been meth activity on the property
 - Establish uniform notification procedures
 - Educate interveners and enforcers about the standards
 - Develop a training program for land/property owners – meth manufacture and risks, how to report suspicious behavior, rental screening protocol, etc.
- Establish regional dumpsites for meth contaminated property and regional HAZMAT teams
- Rapid expansion of Phase 2 of the Meth Watch program to educate all community members
- Obtain and make available the clandestine lab site list thru EPIC

Other Questions

Is there a scientifically/medically demonstrable risk to human health associated with the manufacture of meth?

- To first responders?
- During clean-up
- As a residual effect in the environment in which the lab was operated?

If so, who has responsibility to determine the threshold of risk of serious injury to health or death?

- Public health?
- Human services?
- Consortium of applicable government agencies?

Who should have responsibility for the cost of first response, clean-up, residual environmental impact?

- Criminal offenders?

- Owner/operator of the property?
- Government?

If the owner/operator, what should the standard of liability be?

- Actual knowledge?
- Knew or should have known?
- No-fault, strict liability?

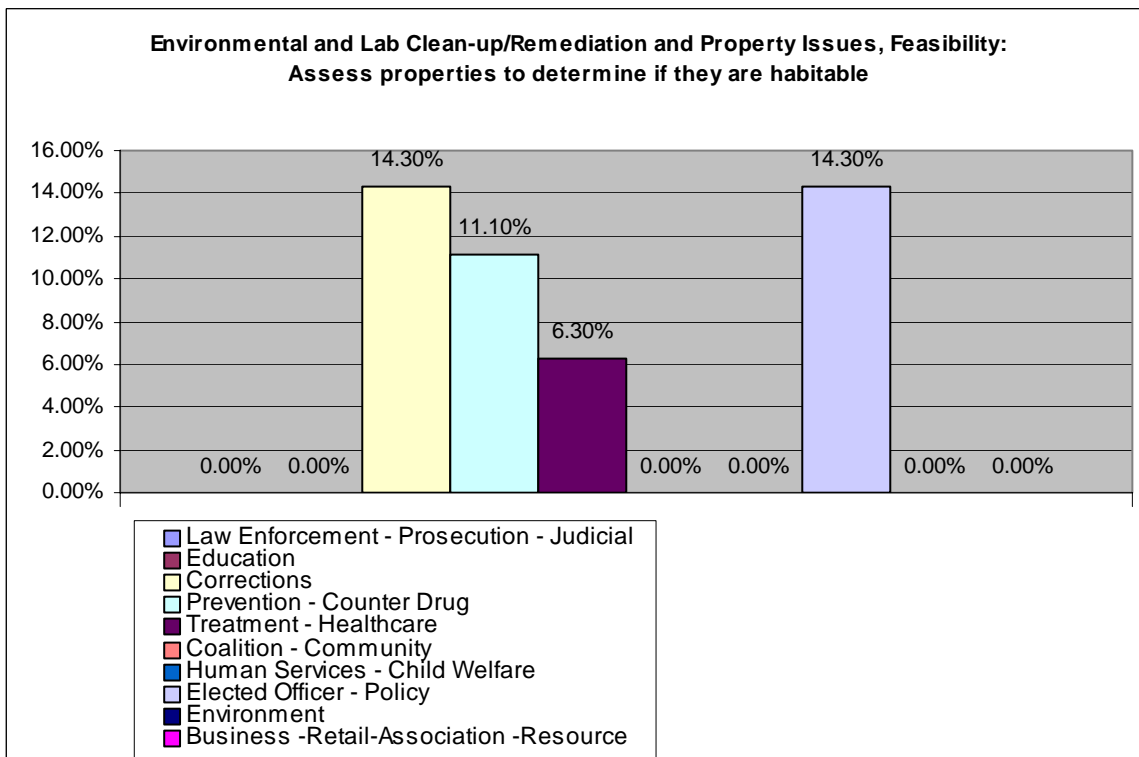
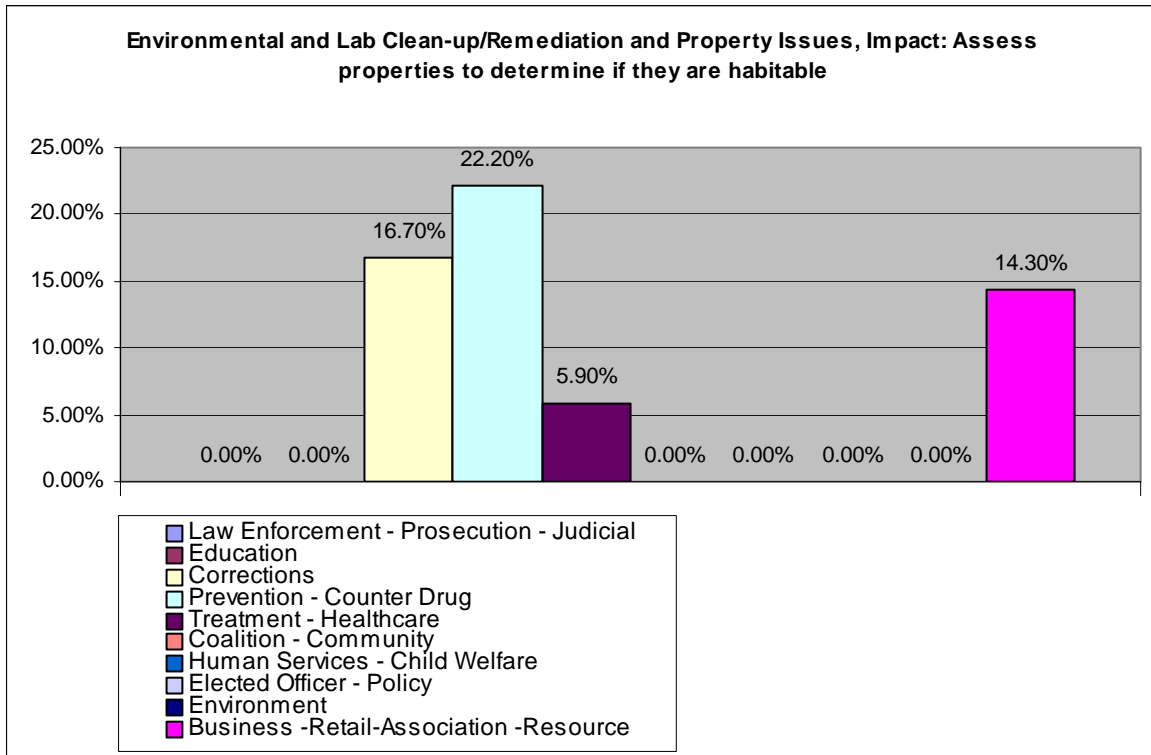
Is there a responsibility to warn the public regarding the prior operation of a meth lab?

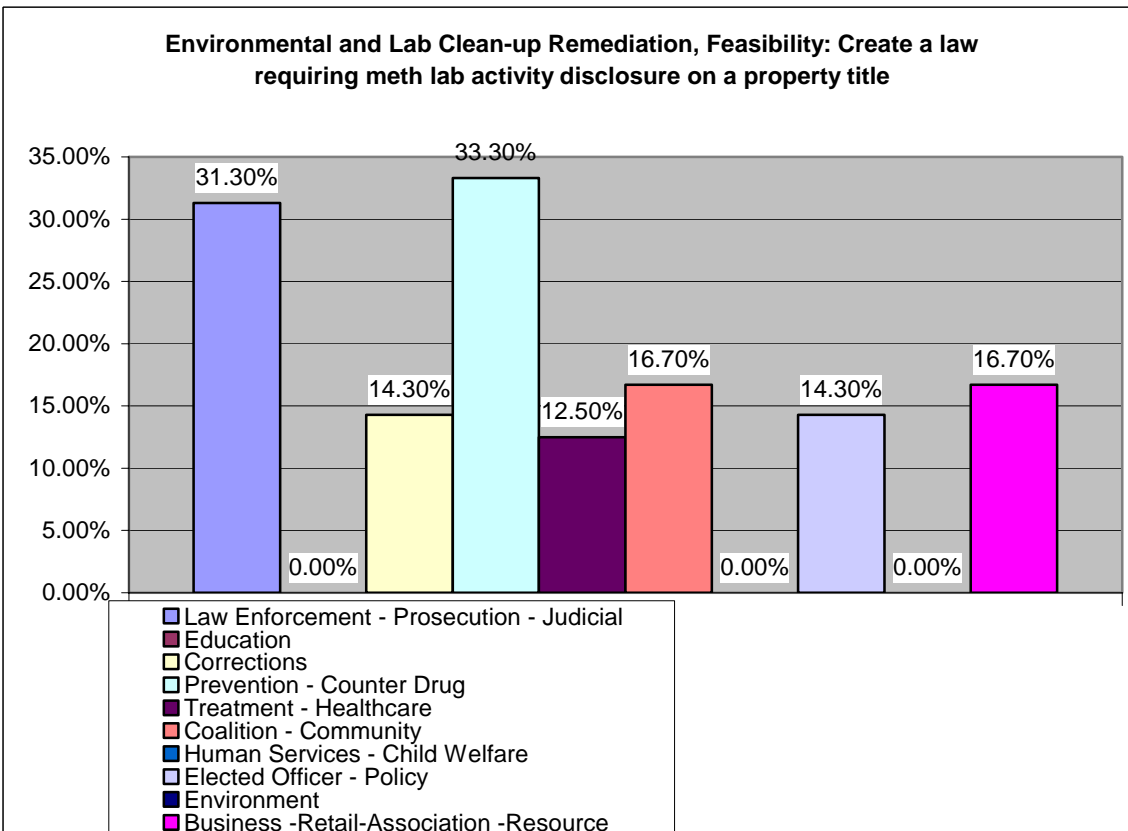
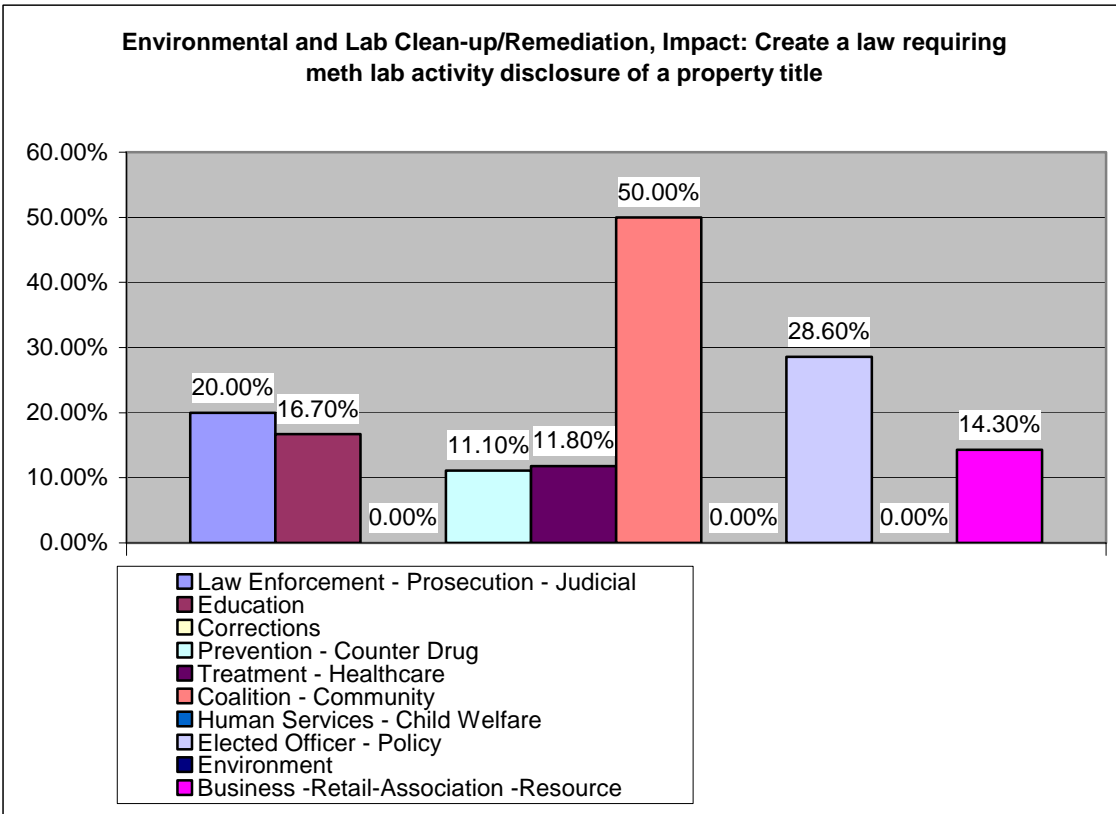
If so, who has responsibility?

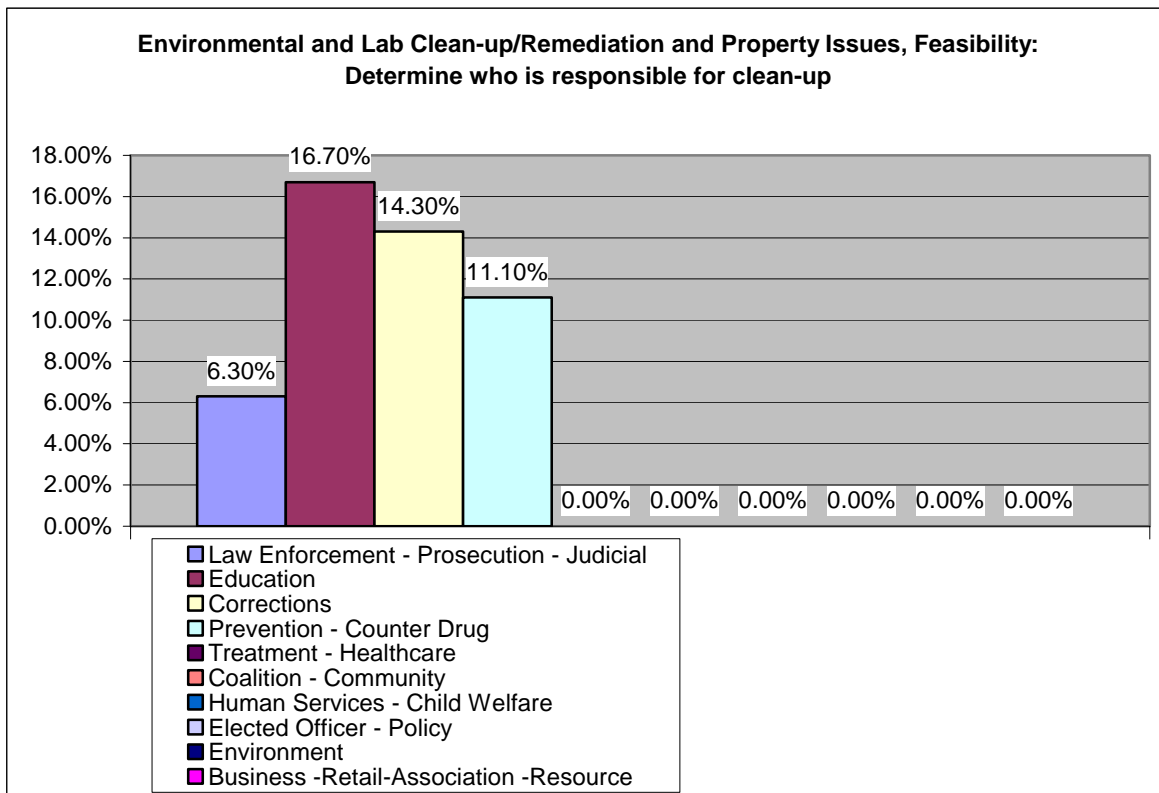
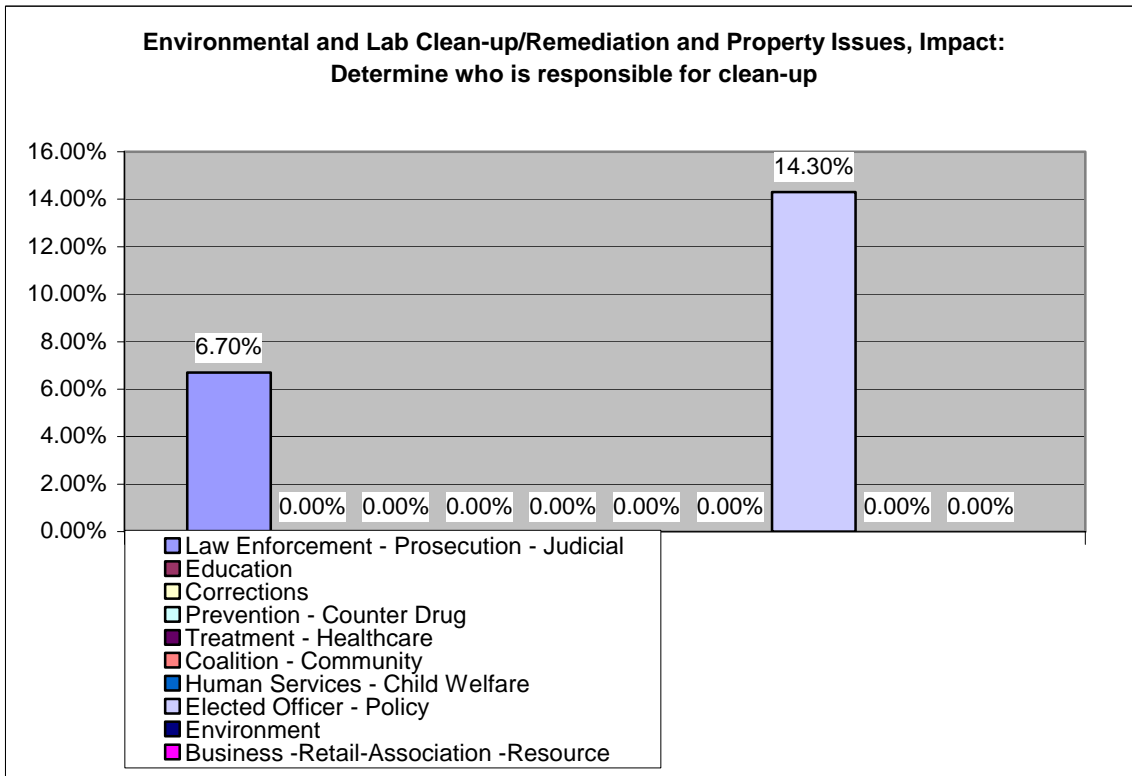
- Owner/operator of location at which the lab operated?
- Government agencies? Which one?

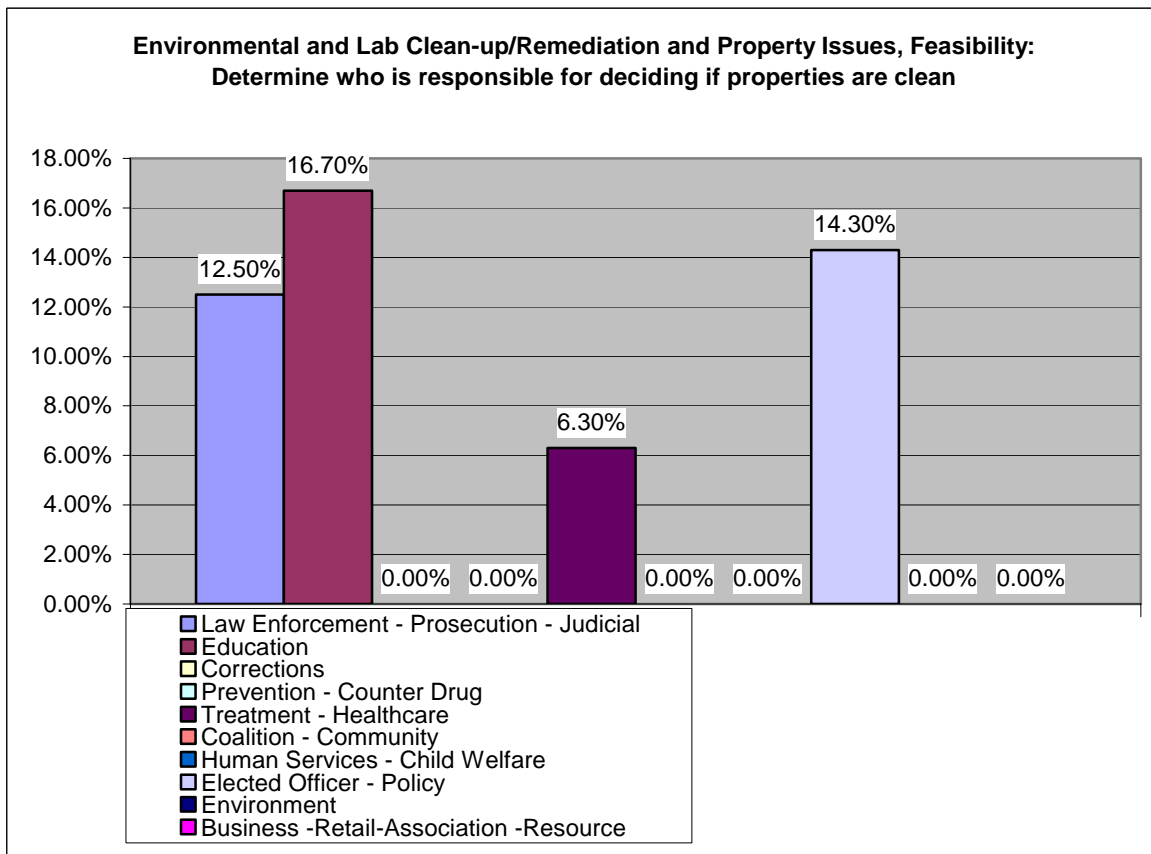
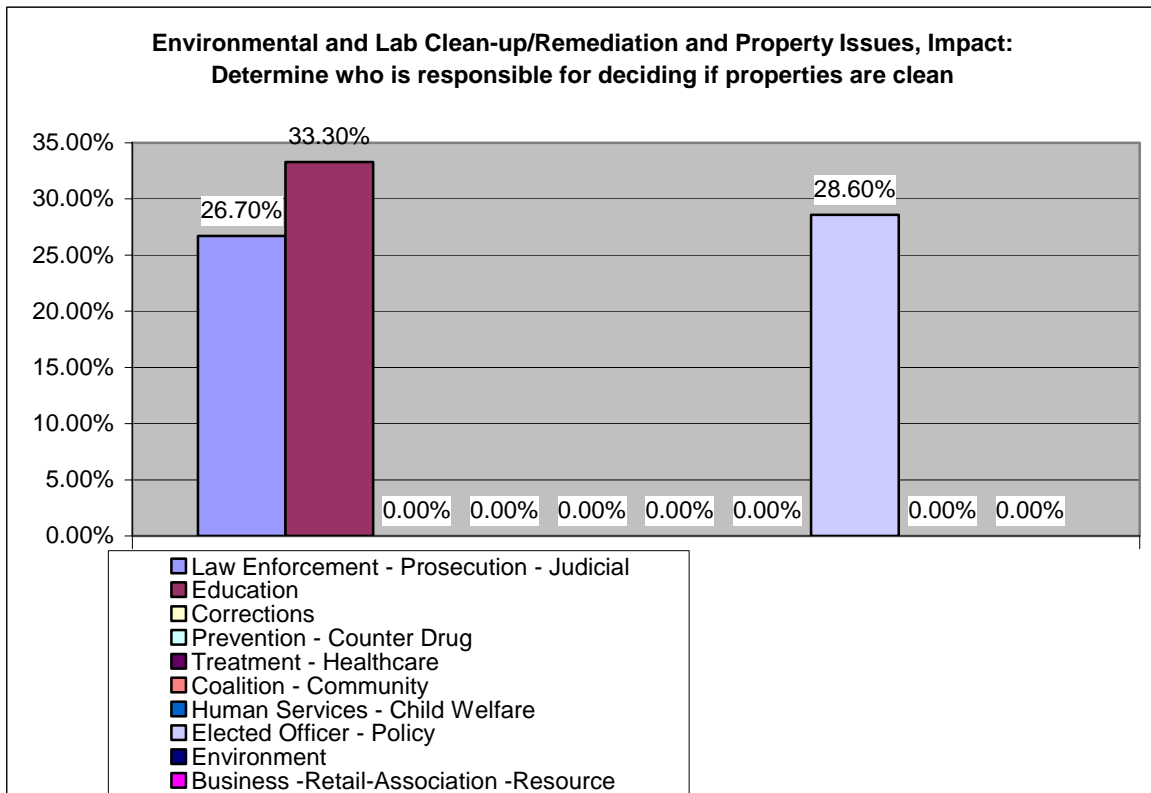
If so, should warning be given?

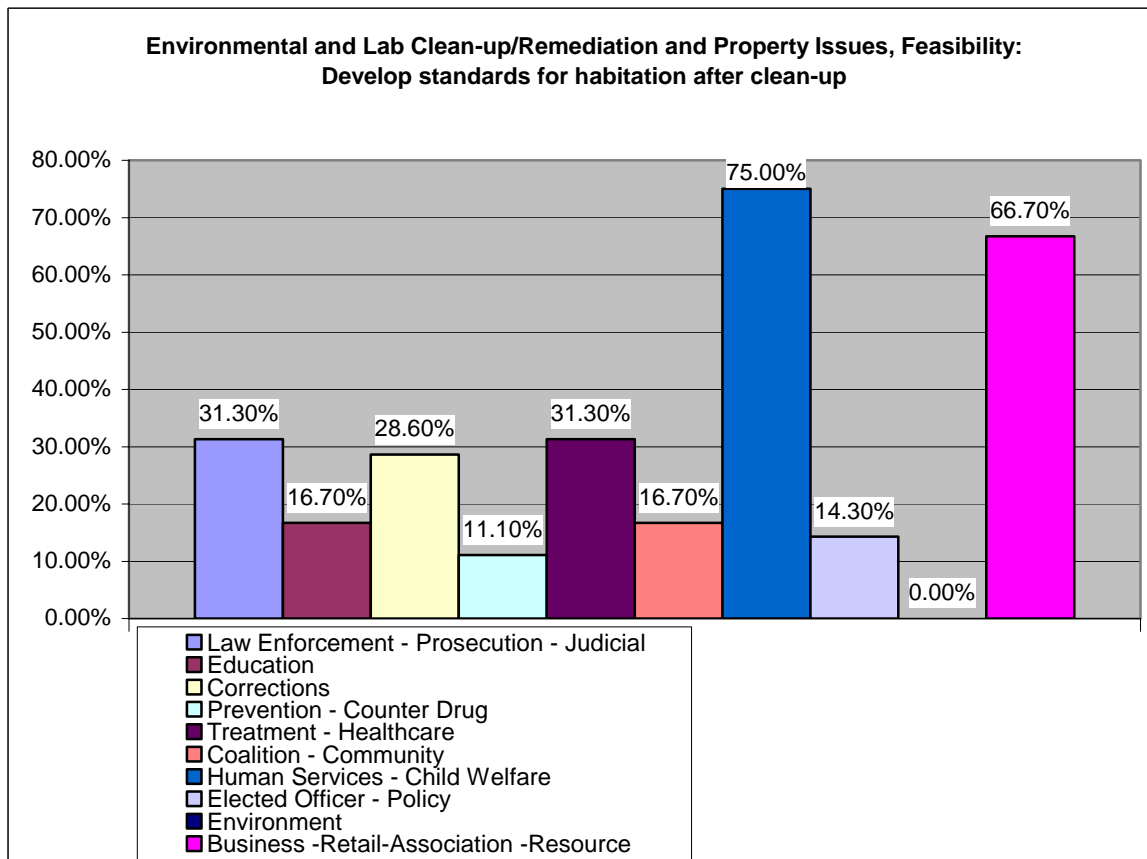
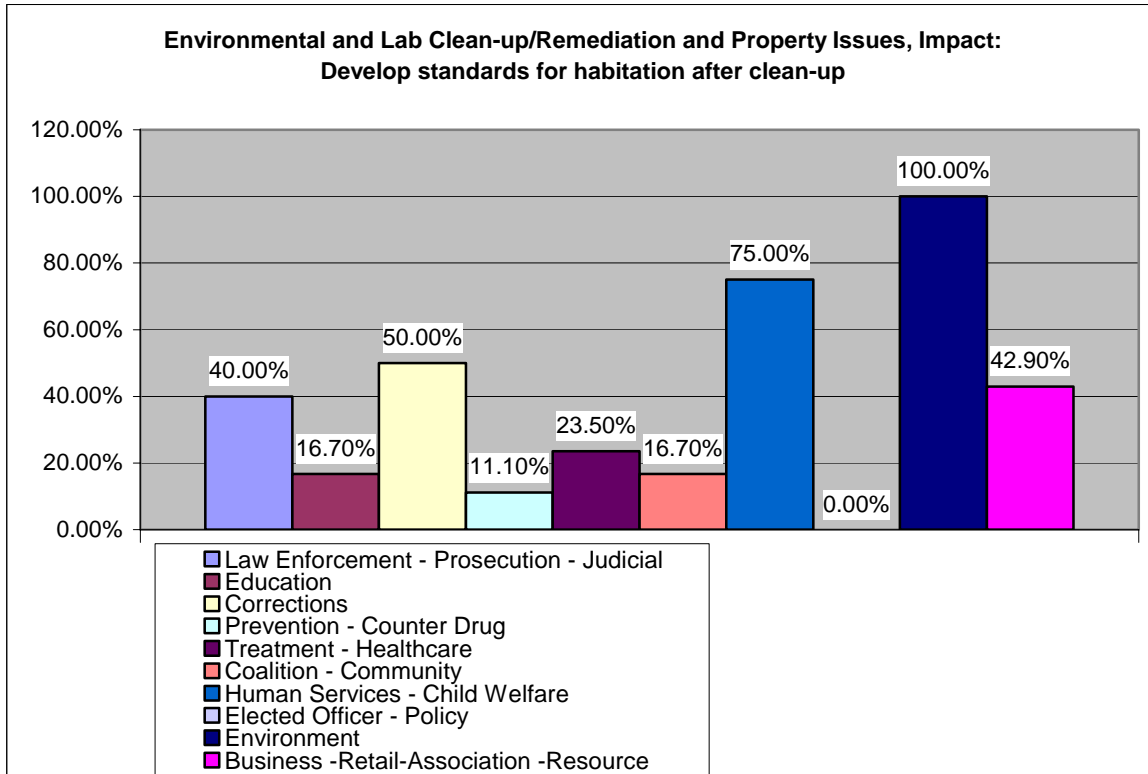
- In all cases of the known operation of a meth lab?
- Only in cases in which the scientific threshold of endangerment of humans is surpassed?
- In all cases in which there is a perceived danger to humans or domestic animals (i.e., pets, livestock)?

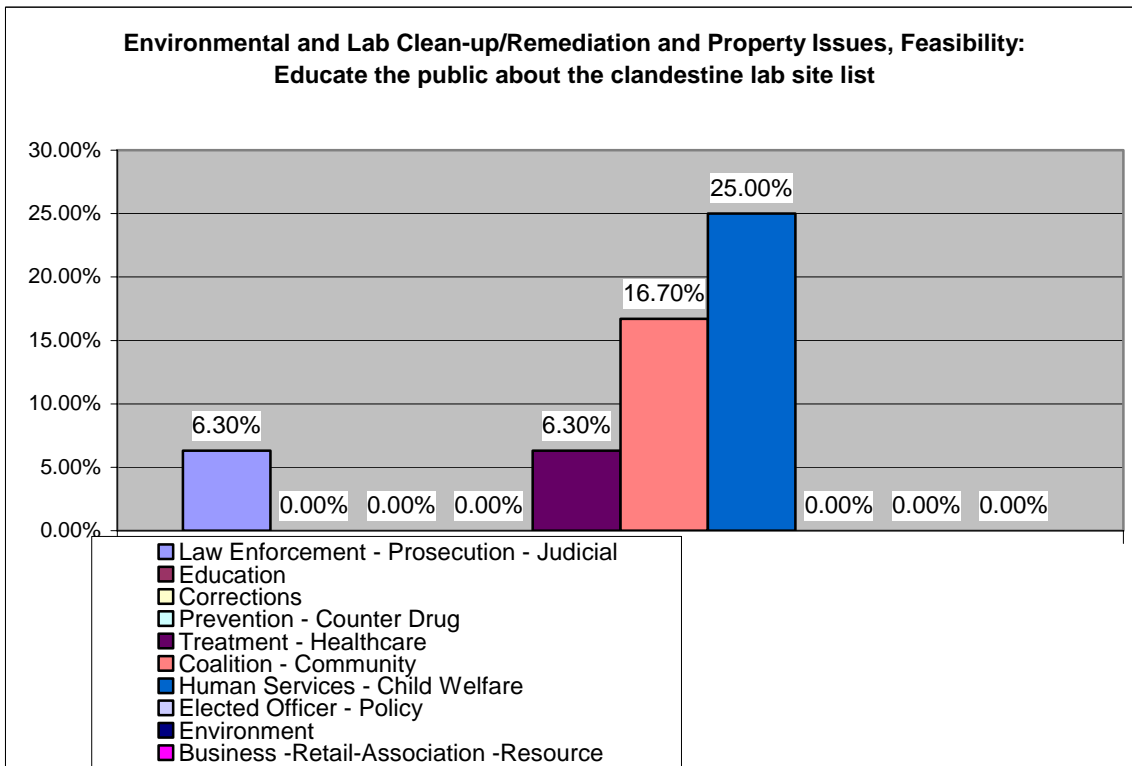
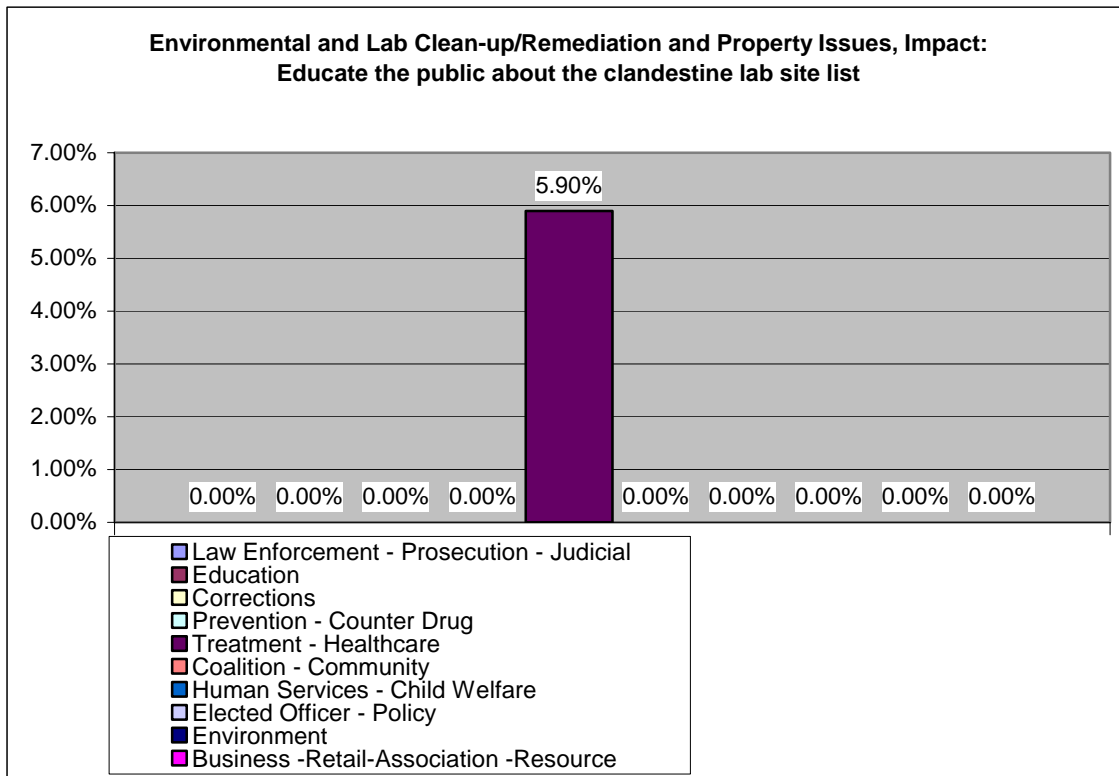


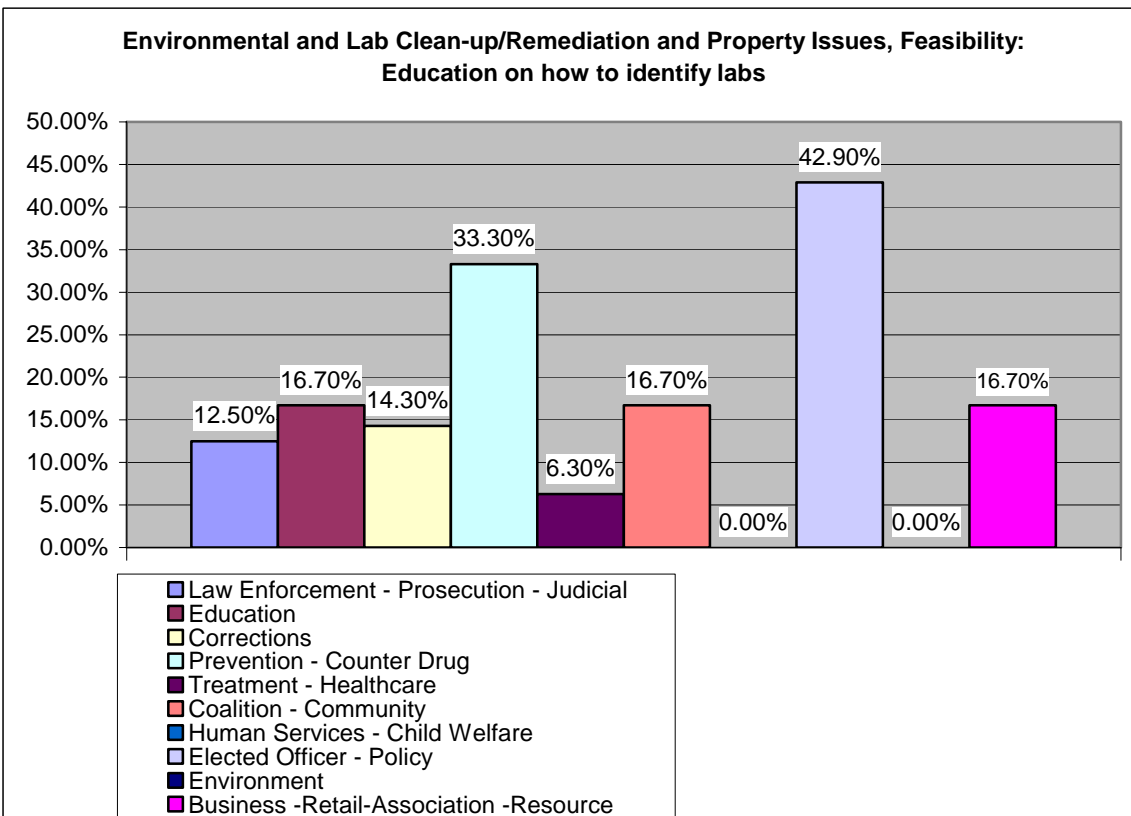
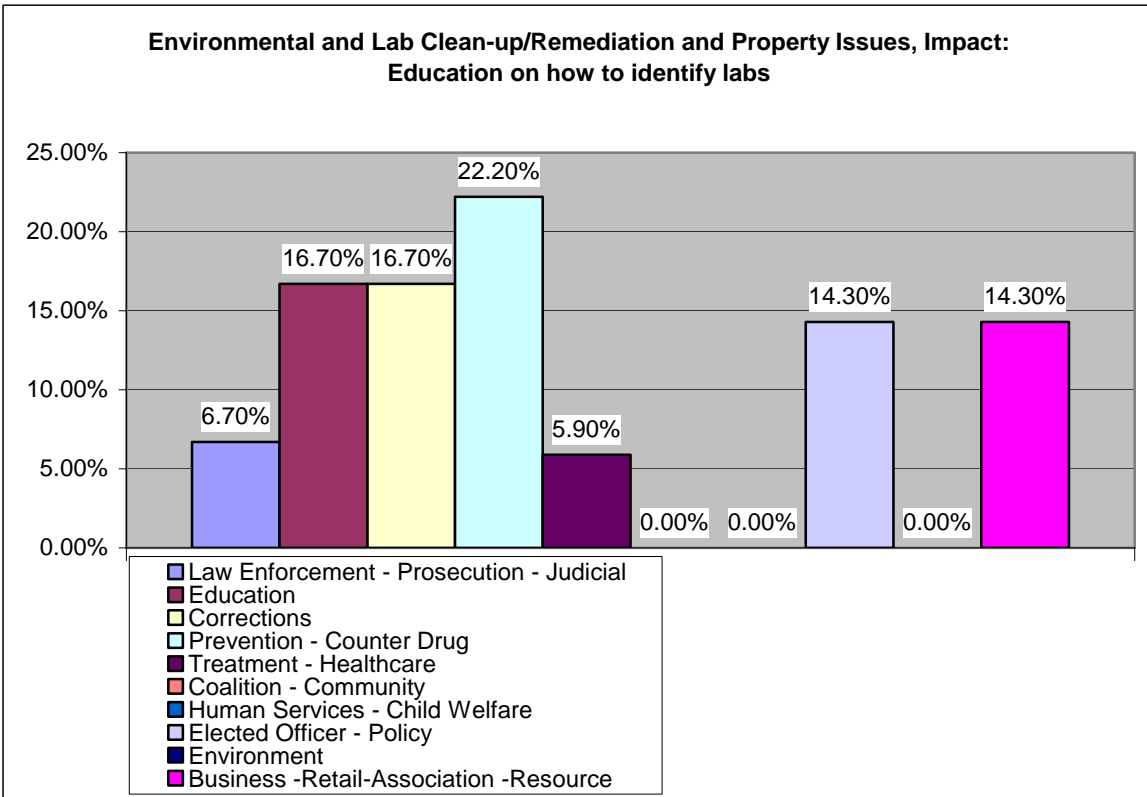


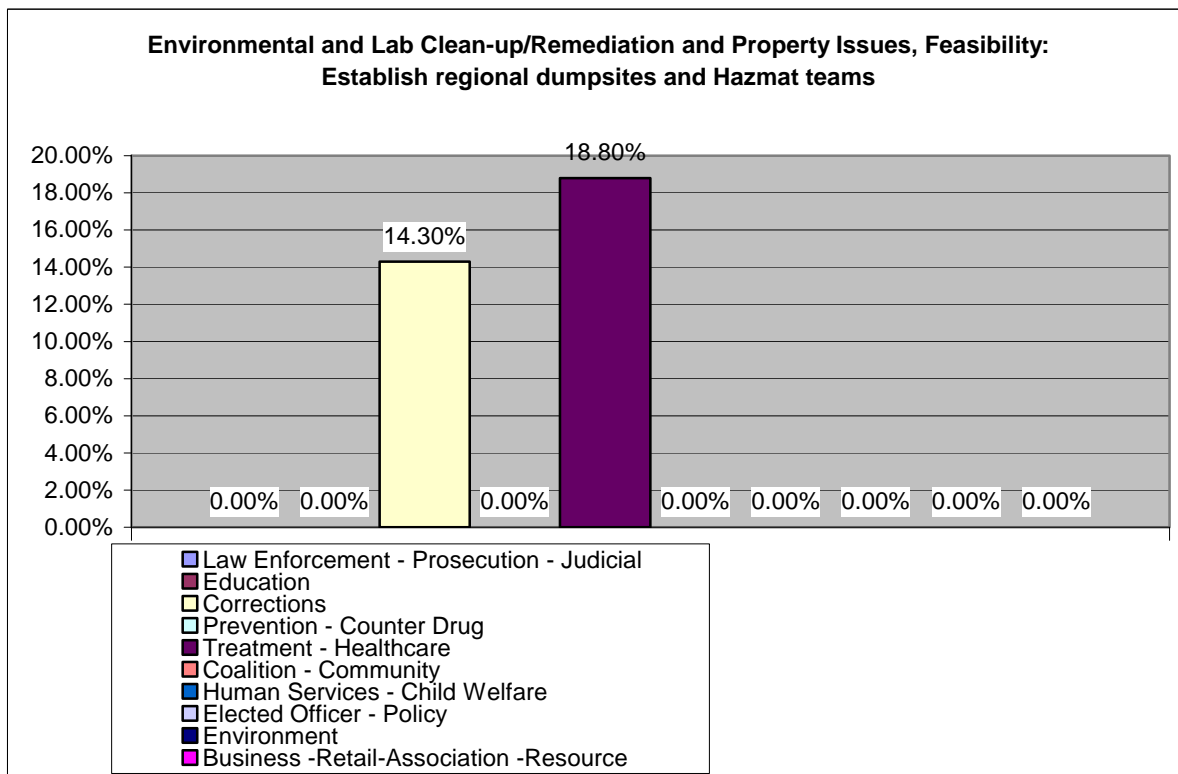
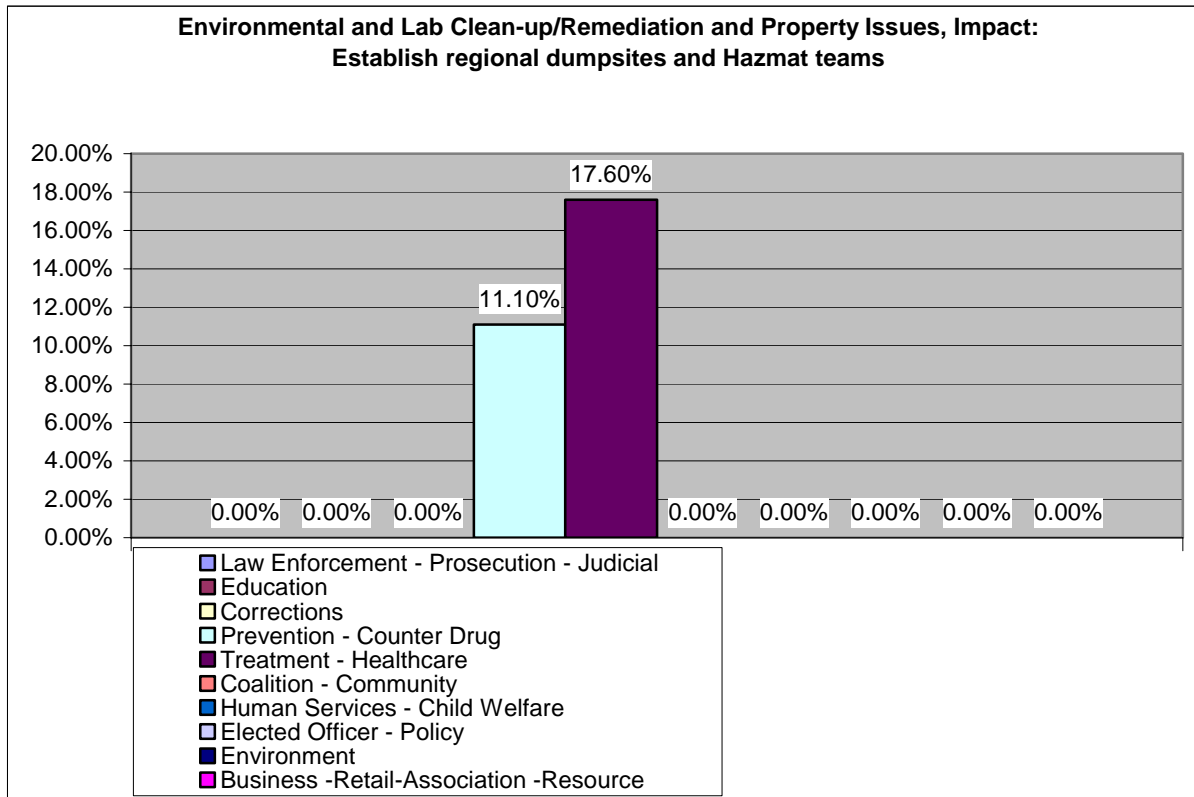


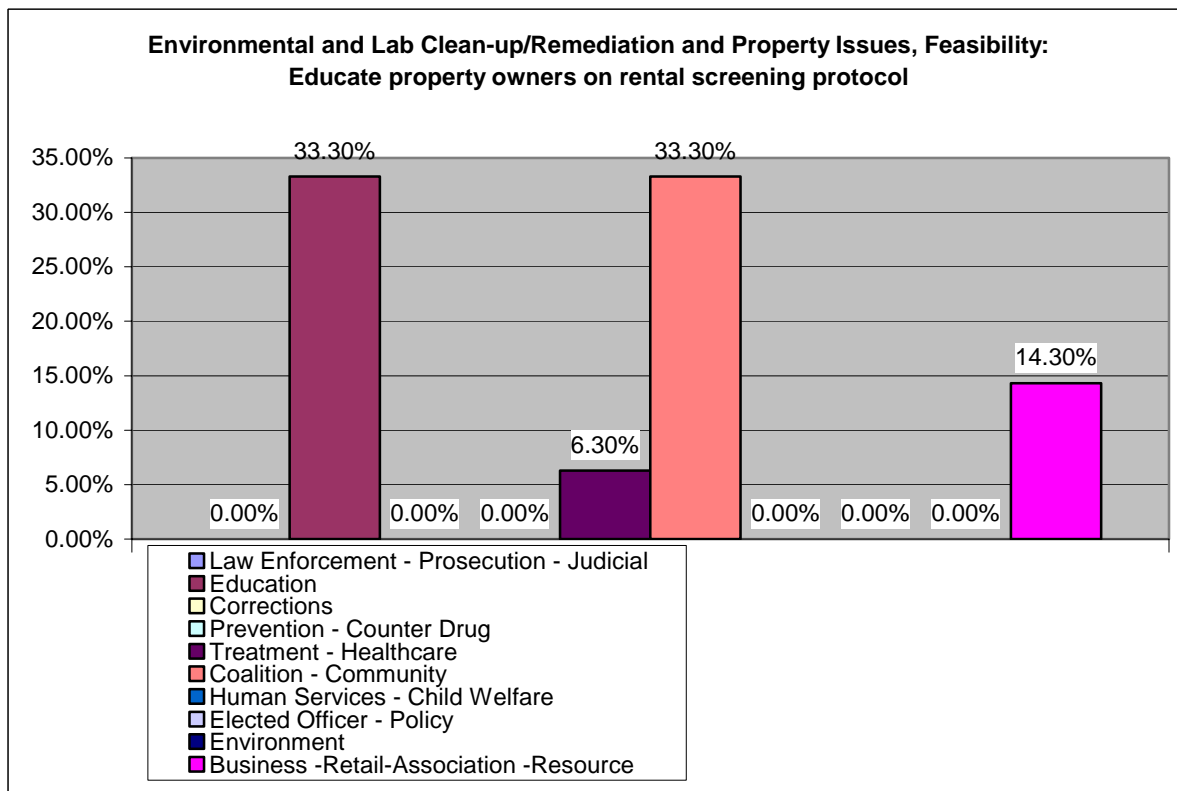
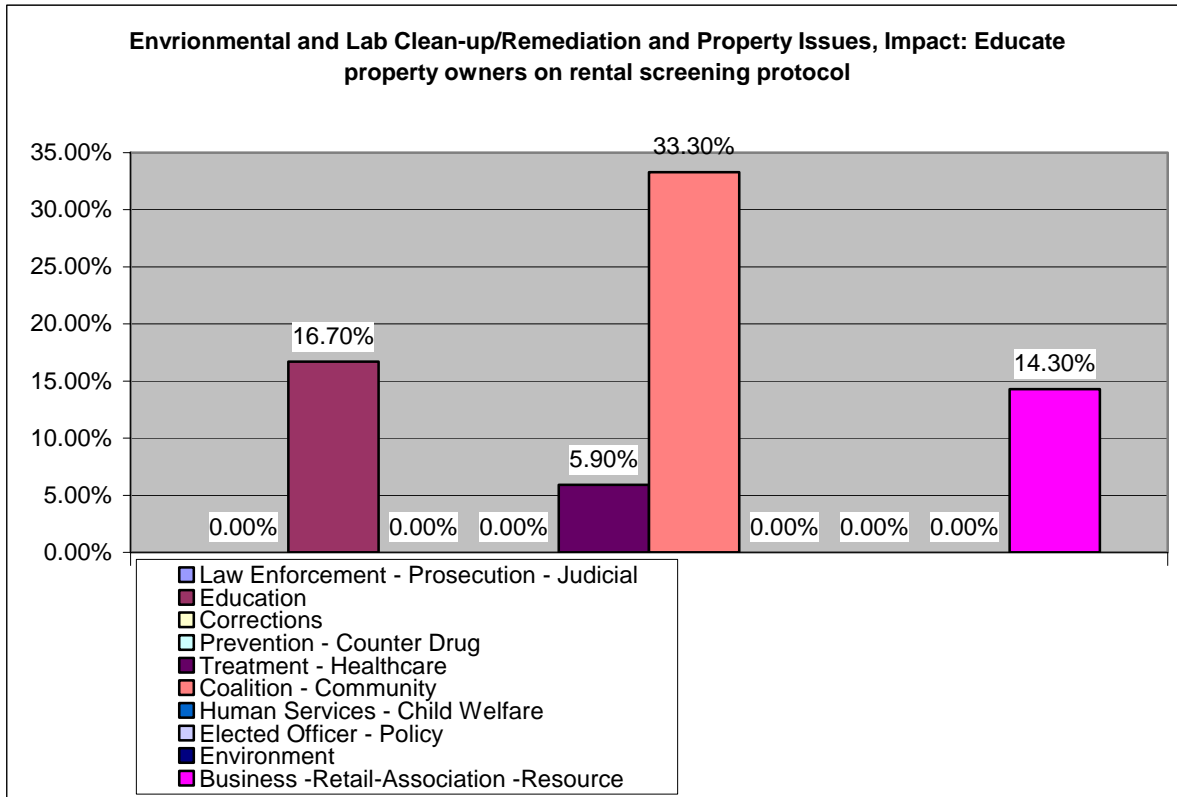




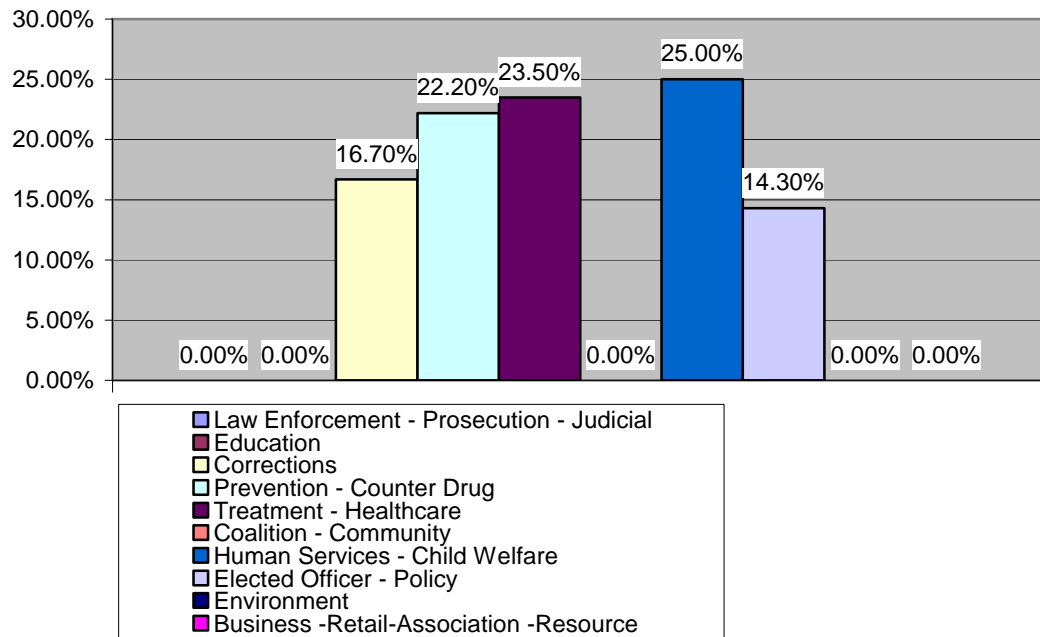




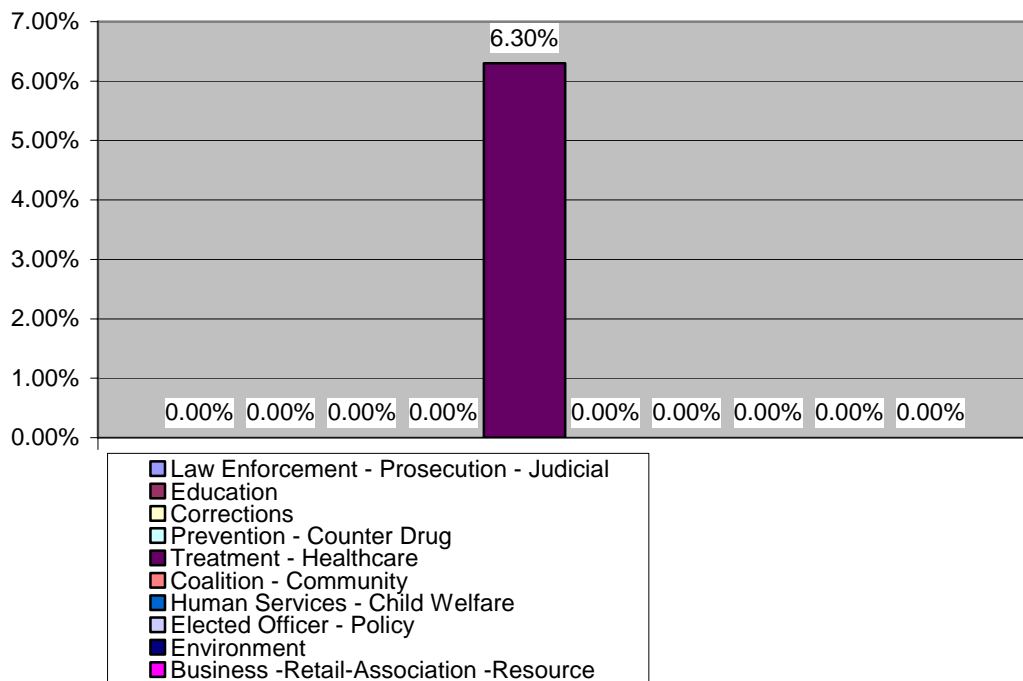




**Environmental and Lab Clean-up/Remediation and Property Issues,
Impact: Support research to develop techniques for meth decontamination**



**Environmental and Lab Clean-up/Remediation and Property Issues,
Feasibility: Support research to develop techniques for meth
decontamination**



Attachment H

Prevention, Education, and Community Awareness

Discussion

- Lack of authority
- Not a primary focus – Government
- Limited time, money, energy resources
- Sustainability
- Lack of educational follow-up
- Pain is not bad enough yet – Perception = “It won’t happen to me” – denial until there is a crisis
- Current efforts are not effective
- Lack coordinated, effective, results based methodology
- Lacks penetration into the truly important influential stakeholders
- Enabling behavior – “It’s not my problem”
- Generational – perpetuating at-risk behavior (can’t break the cycle)
- Too much dependence on research-based models (others work as well)
- Difficult to create an effective message that resonates with children
- Need to effectively communicate
- Lack of awareness by health care and other professionals and reluctance to get involved
- The message needs to compete with other “sexier” issues
- No one wants to own “it”
- Inertia – no champion
- Need a diverse approaches for diverse audiences
- Perceptions VS myths re: stigma and recovery are important issues
- Need to stress importance/seriousness of drug use to young people
- Negative perceptions/information affect accuracy of facts
- Lack of awareness/knowledge about effects of meth use – lack of training to professionals
- Lack of awareness about gender differences in motivation to use (weight loss = women, power and energy = men)
- Lack of resource awareness
- Victimization of children - psychological and physical - intergenerational substance abuse and child abuse
- Effective treatment and prevention are difficult in rural areas – due to lack of resources and lack of access to resources
- Family members/support persons don’t know what to do – lack of support for family members
- Community norms support drug abuse
- Difficulty getting parents involved – in programming, in holding children accountable, parental consent for child’s participation in research-based programming

Barriers

- Lack of supporting research
- Unwillingness to change
- Confidentiality issues
- Policies specific to different disciplines

Critical Issues

- Mixed messages, lack of message, inaccurate information
- Making education/information personal and memorable
- Media on drug affected children
- Selling it as a health problem
- Educating kids early
- Fear component doesn't work (research based)
- Prevention strategies work for all issues yet they are not being diffused or being focused on specific areas/topics/ages/issues

Collaboration - Prevention is essential foundation across all ages

- Mentoring
- Mobilize parents
 - Be a parent not a friend
 - Drug use is NOT a rite of passage
 - Even if child doesn't use they may associate with those that do
- Interdisciplinary teams that include offenders/recovering community
- Substance abuse prevention professionals partner with schools, businesses, organizations to provide information/increase awareness
- Consistent and constant awareness efforts (ex. DARE type prevention efforts expanded to other grades)
- Increase awareness of law enforcement and DHS workers – both disciplines educate and help each other

Key Actions

- Elevate the public's awareness of critical importance of the responsibility of parents, grandparents, schools and community to accept the task of change through a comprehensive public relations campaign (PDFI)
- Collaborate with Character Counts and Iowa Mentoring to introduce into the basic fabric of communication the importance of chemical free living
- Create a public/private partnerships to develop better awareness of the dangers/problems with meth – teachers, medical community, parents, local media, service groups – and to develop local, regional, and statewide outreach with a strong impactful, unified message
- Create a “Just Eliminate Lies About Meth” campaign
- Assess community needs and develop/utilize focused prevention and/or treatment programs to meet the needs of the identified target audiences
- Develop media and public awareness campaigns that focus on the health impact of meth – bring message into the home so that parents are included
- Involvement of pediatricians/medical community – replicate the PDFA program piloted in St. Louis and Phoenix
- Utilize existing programs such as Meth Watch, Life or Meth, and the media in prevention programming
- Education on physiological and psychological impact of meth
- Equate meth abuse with child abuse
- Identify the most at-risk children and provide early intervention (e.g., children of incarcerated parents)
- Clearly define prevention and use consistent language and framework in expanded settings (schools, community)

- Build community coalitions to address meth issues – each person and organization has a role and it's cost effective
- Family treatment and intervention to break the intergenerational cycles
- Implement a crisis hotline for users and families and compile community specific resource manuals for families (where to go, what to look for, support systems, financial resources, etc.)

Create a message and repeat it.

- Character Counts model of infiltrating the very fabric of the community – it's a way of life
- Meth use is “uncool”

